EFFECTIVENESS OF TEACHING PROGRAMME ON MANAGEMENT OF DIARRHOEA AMONG THE MOTHERS OF UNDER FIVE CHILDREN IN KADAPERI

By

MRS. R. ALLI

Dissertation Submitted to

THE TAMILNADU DR.M.G.R MEDICAL UNIVERSITY,

CHENNAI

IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

APRIL - 2011

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Internal Examiner **External Examiner**

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CERTIFICATE

This is to certify that **EFFECTIVENESS OF TEACHING PROGRAMME ON MANAGEMENT OF DIARRHOEA AMONG THE MOTHERS OF UNDER FIVE CHILDREN IN KADAPERI** is a bonafide work done by Mrs. R. ALLI, Adhiparasakthi College of Nursing, Melmaruvathur – 603 319, in partial fulfillment for the University rules and regulations towards the award of the degree of Master of science in Nursing, Branch – IV, Community Health Nursing, under our guidance and supervision during the academic year 2009-2011.

Signature _____

DR.N.KOKILAVANI,M.Sc.,(N),M.A.(Pub.Adm).,M.Phil.,Ph.D.
Principal,
Adhiparasakthi College of Nursing,
Melmaruvathur – 603 319
Kanchipuram District,
Tamil Nadu.

EFFECTIVENESS OF TEACHING PROGRAMME ON MANAGEMENT OF DIARRHOEA AMONG THE MOTHERS OF UNDER FIVE CHILDREN IN KADAPERI

APROVED BY DISSERTATION COMMITTEE

On APRIL - 2011

Signature _____

SAKTHI THIRU. DR. T.RAMESH,M.D.

PROFESSOR,

MAPIMS,

MELMARUVATHUR – 603 319

Signature _____

DR.N.KOKILAVANI,M.Sc.,(N),M.A.(Pub.Adm).,M.Phil.,Ph.D.

PRINCIPAL AND HEAD OF THE DEPARTMENT - REASEARCH

ADHIPARASAKTHI COLLEGE OF NURSING,

MELMARUVATHUR – 603 319

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PROFESSOR,

MAPIMS,

MELMARUVATHUR – 603 319

Signature _____

DR. N. KOKILAVANI, M.Sc.,(N), M.A.(Pub.Adm)., M.Phil., Ph.D.

PRINCIPAL AND HEAD OF THE DEPARTMENT - REASEARCH

ADHIPARASAKTHI COLLEGE OF NURSING,

MELMARUVATHUR – 603 319

Signature _____

Mrs. A.N.KALANA,M.Sc.,(N),

HEAD OF THE DEPARTMENT – COMMUNITY HEALTH NURSING

ADHIPARASAKTHI COLLEGE OF NURSING,

MELMARUVATHUR – 603 319

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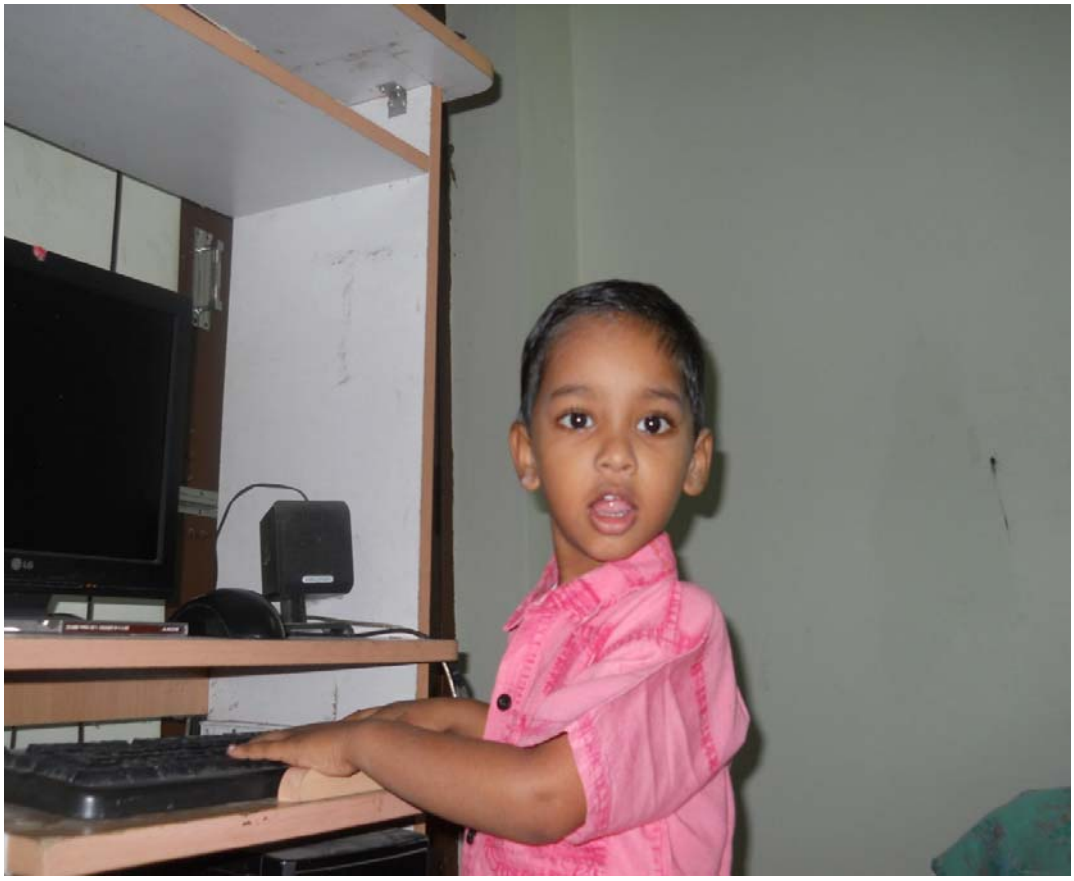

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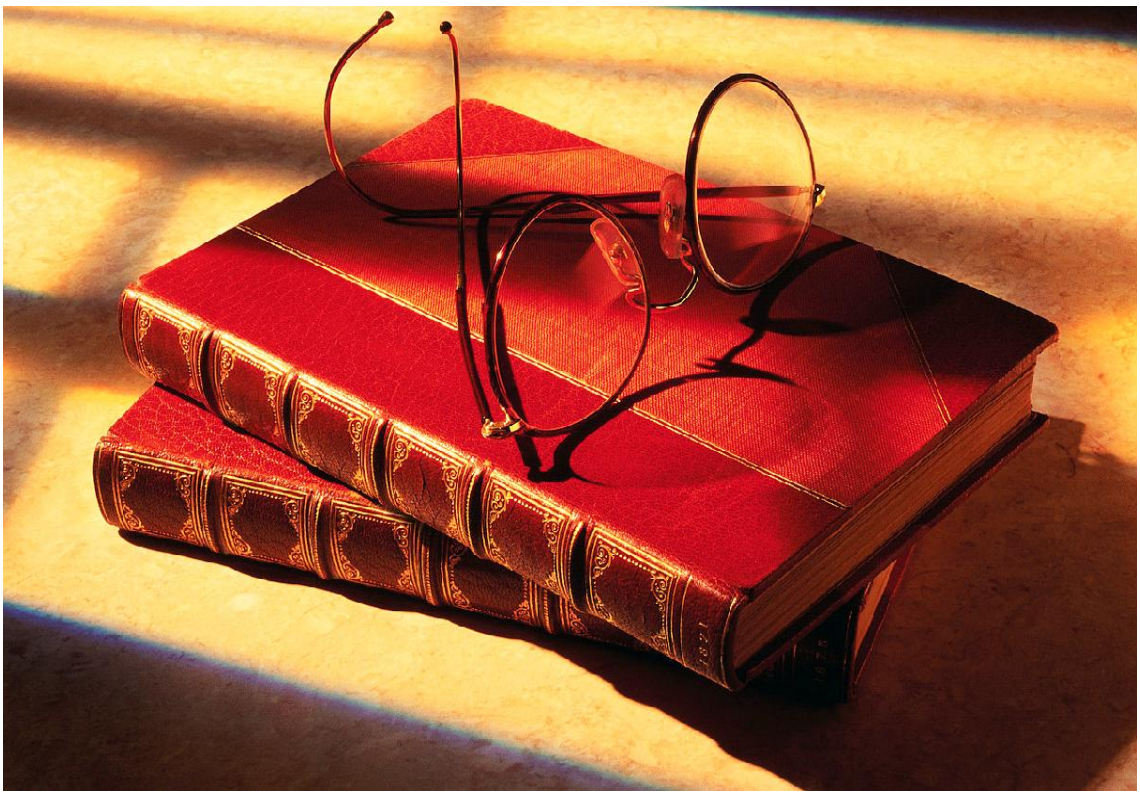

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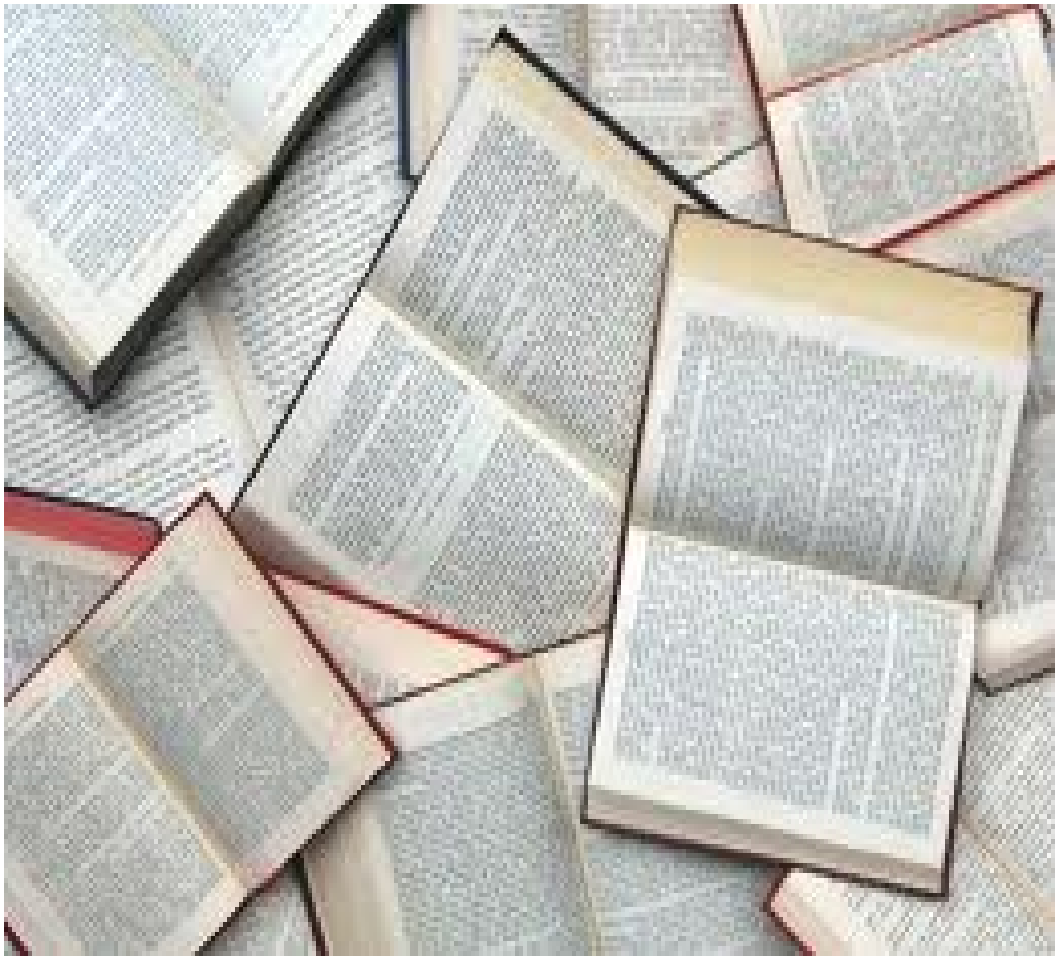

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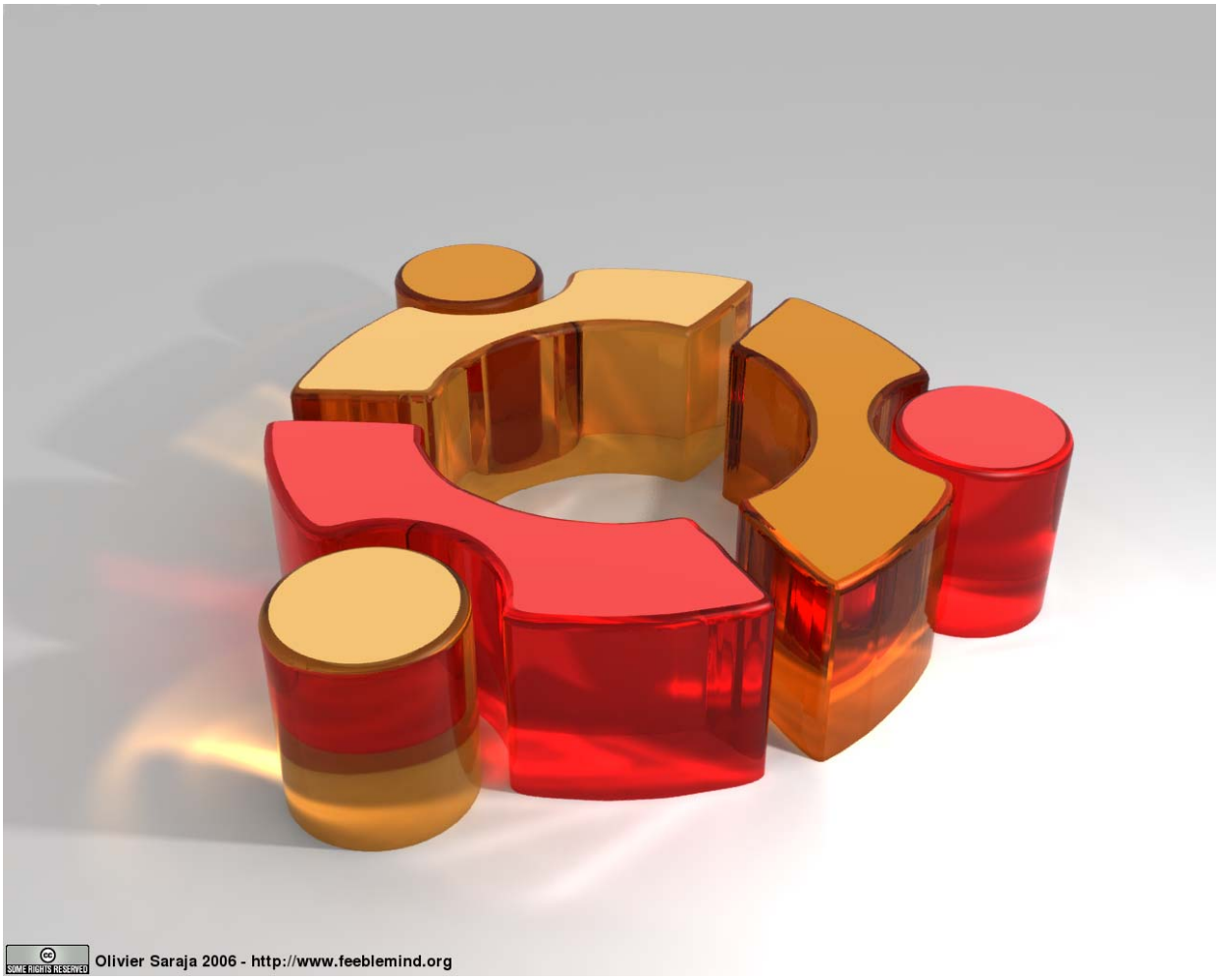

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CHAPTER – I

INTRODUCTION

A Nation's wealth depends upon its healthy citizens of all age group children. A healthy adult emerges from healthy infant. The health of children has vital importance to all societies because children are base resources for the future of mankind. In a vast biological stretch, infancy is the most critical and thus high incidence of mortality and morbidity occur. In India diarrhoeal disease is a major health problem among children under the age of five years.

Voluntary Health Association of India (2007) reported that diarrhoea is more common and more dangerous in young children, especially between 6 months to 2 years and especially in those who are poorly nourished. About 60-70% of children die of acute gastro enteritis because they do not have water left in their body.

Word Health Organisaiton (2008) stated that 17.4% were not received any treatment for acute gastro enteritis. Ignorance towards the health needs and care during illness are the key point where the morbidity and mortality rate higher among the

rural people. They keep pace within the residence and neglect the treatment during illness.

Wong. B (2005), stated that leading cause of illness for under five year children was diarrhoea disease, defined as sudden increase in frequency and changes in consistency of stool.

Acute gastro enteritis is most commonly occurring due to bacterial, viral, Protozoal and fungal infection. The incidence of acute gastro enteritis may be high as 6-12 episodes per child per year in most developing countries and total diarrhoea morbidity for a given child may be high in first two years of age.

One of every ten children born in developing countries dies of acute gastro enteritis before reaching the age of five. Approximately 15% of children die of acute gastro enteritis before 3 years of age in developing countries.

The infection is transmitted through fecooral route either water borne, food borne (or) direct transmission through contaminated hands, fingers, nails and fomities. More severe (or) prolonged illness can result in dehydration with significant morbidity and mortality. The signs and symptoms of diarrhea are

restlessness, irritability, lethargy, not able to drink, poorly thirst and drink egarly, sunken eyes and loss of skin turgor (WHO – 2001).

Rehydration project (2006) reports that thousands of death could be averted through combined prevention and treatment strategies, intervention such as oral rehydration therapy, appropriate drug therapy, optimal breast feeding practice, improved nutrition, increasing access to clean water, sanitation facilities, improved personal hygiene including food and water.

Complications are uncommon but consult the doctor if your child has the following symptoms of passing little urine, dry mouth and tongue, unresponsiveness, drowsiness, blood in the stool. If the child's symptom is severe (or) complication developed, sometime an intravenous fluid therapy might be needed if dehydration occur. (Dehydration Project – 2006).

Nursing intervention should be directed to prevent complication of diarrhea. Giving health education to the mother would help to gain more knowledge and reduce anxiety related to diarrhea.

Health education regarding hygienic water, breast feeding, basic sanitation and hygienic practice helps to attain highest level of knowledge. Therefore the nursing practice should be patient centered rather than task centered to prevent complications.

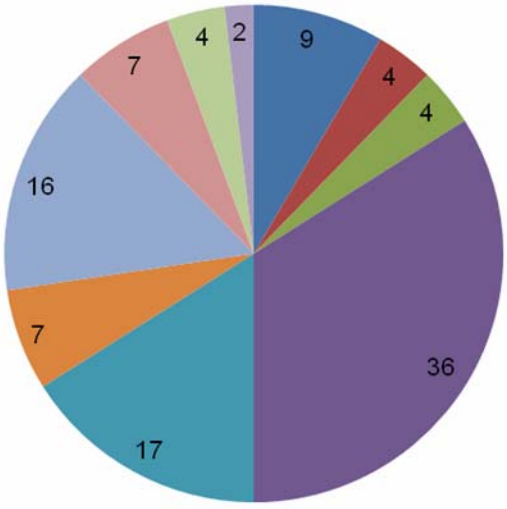
NEED FOR THE STUDY

Global estimation of number of deaths due to diarrhea among under fives have shown a steady decline from 4.4 million in 1980, 3.3 million 1990, 2.5 million in the year 2000, 1.7 million cases in 2005 and 1.9 million in the year 2007.

National Institute of Cholera and Enteric Diseases (2006) reported that diarrhoeal diseases rank second amongst all infectious disease as a killer in children below five year of age world wide. Globally 1.3 billion episodes occur annually with an average of 2-3 episodes per children per year.

World Health Organization initiated diarrhoeal diseases control programme in 1980, approximately 4.6 million children is used to die each year of the dehydration caused by diarrhoea. The mortality due to diarrhoea have been reduced to 1.7 million during the year 2004.

World Health Organization (Global Burden of Disease – Update 2008) stated major causes of death in neonates and children under five diarrhoeal disease.



Source : WHO – Global Burden of Diseases – Update 2008.

36% Neonatal Death

17% Acute respiratory (Post neonatal)

16% Diarrheal disease infection (Post neoatal)

9% Other infection & Parasitic Disease

7% Malaria

4% Measles

4% Non Communicable disease

4% Injuries (Post neonatal)

2% HIV/AIDS

Diarrheao disease

In India like developing countries annual episodes of diarrhea in children under five year old, 3.2 episodes per child and 2 billion episodes globally.

Annual mortality from diarrhea in children under five years in developing countries was 1.8 million deaths and it was decreased from 4.5 million deaths in last 20 years.

Banerjee (2006) stated diarrheal disease is major killer disease in under five children in India and this is an important public health problem. It causes heavy economic burden on health services. One third of pediatric admission are due to diarrhea disease and 17% of deaths due to its complications.

ESTIMATED MORTALITY AND DISABILITY – ADJUSTED LIFE YEAR LOST BY WHO REGION

Region	Mortality (000)	DALYs Lost (000)
Africa	707	23237
America	57	2350
EsternMediterranean	256	8661
Region	16	692
Europe	605	20299
South – East Asia	154	6687
Western pacific		
Total	**1798**	**61966**

Source : World health organization (2007)

In India acute gastro enteritis is one of the second leading causes of death for all age groups and for children, respectively. About 10% of all deaths of children occurs due to acute gastro enteritis and its mortality fell sharply, after oral rehydration therapy was introduced, and ecological analysis showed that oral rehydration therapy use rates were correlated with infant gastro enteritis mortality.

Rice (2005) stressed that nurses assess the severity of dehydration as well as prescribe and supervise oral rehydration therapy to treat children with diarrhoea. She also stressed the need for further nursing research especially related to home made oral rehydration solution.

Janchez.R (2005) stated that promotion and reinforcement of the breast feeding practice is an effective way for the nutritional recovery of infants with persistent diarrhea.

Bhave.H (2004) explained that diarrhoea is a biggest single killer disease of children below five years of age due to dehydration. In the modern world, it is one of the major causes of nutritional loss and poor growth. Oral rehydration therapy is an appropriate intervention for dehydrated children.

Acta Paediatrics (2003) stated that zinc supplementation is effective in reducing diarrhoeal morbidity when given either daily or in a weekly schedule, 50% reduction in diarrhoeal morbidity in children.

Most of the mothers do not have adequate and practice towards management of diarrhoea. Though many teaching programme were conducted by the government related to diarrhoea but mothers still have lack of knowledge in home management, hence it is essential to assess the knowledge on management of diarrhea. So the investigator feels the necessity for a study in this aspect.

STATEMENT OF THE PROBLEM

EFFECTIVENESS OF TEACHING PROGRAMME ON MANAGEMENT OF DIARRHOEA AMONG THE MOTHERS OF UNDER FIVE CHILDREN IN KADAPERI.

OBJECTIVES

- to assess the knowledge on management of diarrhoea disease among the mothers of under five children.

- ❖ To evaluate the effectiveness of teaching programme on management of diarrhoea among the mothers of under five children in Pretest and Post test.
- ❖ To associate between the level of knowledge on management of diarrhoea among the mothers of under five children with selected demographic variables.

OPERATIONAL DEFINITION

EFFECTIVENESS

It refers to the extent to which teaching programme was achieved the desired result indented to measure in terms of difference between pretest and post test score.

TEACHING PROGRAMME

It is systematic and planned teaching programme on management of diarrhea which include definition, causes, transmission, signs and symptoms, management of diarrhoea with help of audio visual aids.

DIARRHOEA

It is an inflammation of the mucous membrane of stomach and intestine. It results in rapid onset of diarrhea with or without accompanying signs or symptoms such as nausea, vomiting, fever or abdominal pain.

MOTHERS OF UNDER FIVE CHILDREN

Mother who are having children aged between 0-5 year old.

ASSUMPTION

- ❖ Mother will have inadequate knowledge about management of diarrhoea.
- ❖ Teaching program will enrich mothers knowledge in management of diarrhea.
- ❖ Knowledge regarding management of diarrhoea will help to prevent the incidence of diarrhoea

LIMITATIONS

- ➢ The study can not be generalized.
- ➢ The study is limited to 100 samples.
- ➢ The sample limited to the mothers of under five children.
- ➢ The study is limited at Kadaperi village.

PROJECTED OUTCOME

The findings of the study may be helpful in knowing the effectiveness of teaching programme regarding management of diarrhea which may help them to reduce the mortality and morbidity of under five children.

CONCEPTUAL FRAME WORK

A conceptual frame work can be defined as concepts and assumptions that integrate in to a meaningful configuration.

Conceptual frame work is a global idea in relation to a specific discipline conceptual models can be made by concept, which describes the mental images of phenomeno and integrate them in to meaningful configuration. The conceptual framework gives an idea to the researchers main view and core them of research that is, it is a visual diagram by which the researcher explains that specific area of interest.

The study is based on modified penders Health promotion model (1984). The study seeks to increase on individual level of well being. The model focus on aspects to individual cognitive perceptional factors, modifying factors and participation on health promoting behaviours. The model also identified factors that influence health promotion activities.

In this modified model the community nurse interacts to assess the level of knowledge on management of diarrhoea among the mothers of under five children.

RECEIVED HEALTH STATUS

The mothers have adequate knowledge regarding management of diarrhoea among the mothers of under five children.

HEALTH PROMOTING SERVICES

Teaching program in management of diarrhoea among the mothers of under five children is given as health promoting service to all the mothers of under five children.

PERCEIVED BENEFITS OF HEALTH PROMOTION

Health promoting behaviors is the desired behavioral out come and is the end point of health promotion mode.

In this study health promoting behavior developed by the teaching program will result in improved health, enhanced functional ability. Study performance and better quality of life among mothers.

BARRIER TO HEALTH PROMOTING BEHAVIOUR

If the mothers have inadequate knowledge on management of diarrhoea among the mothers of under five children. But it is not included in thisstudy.

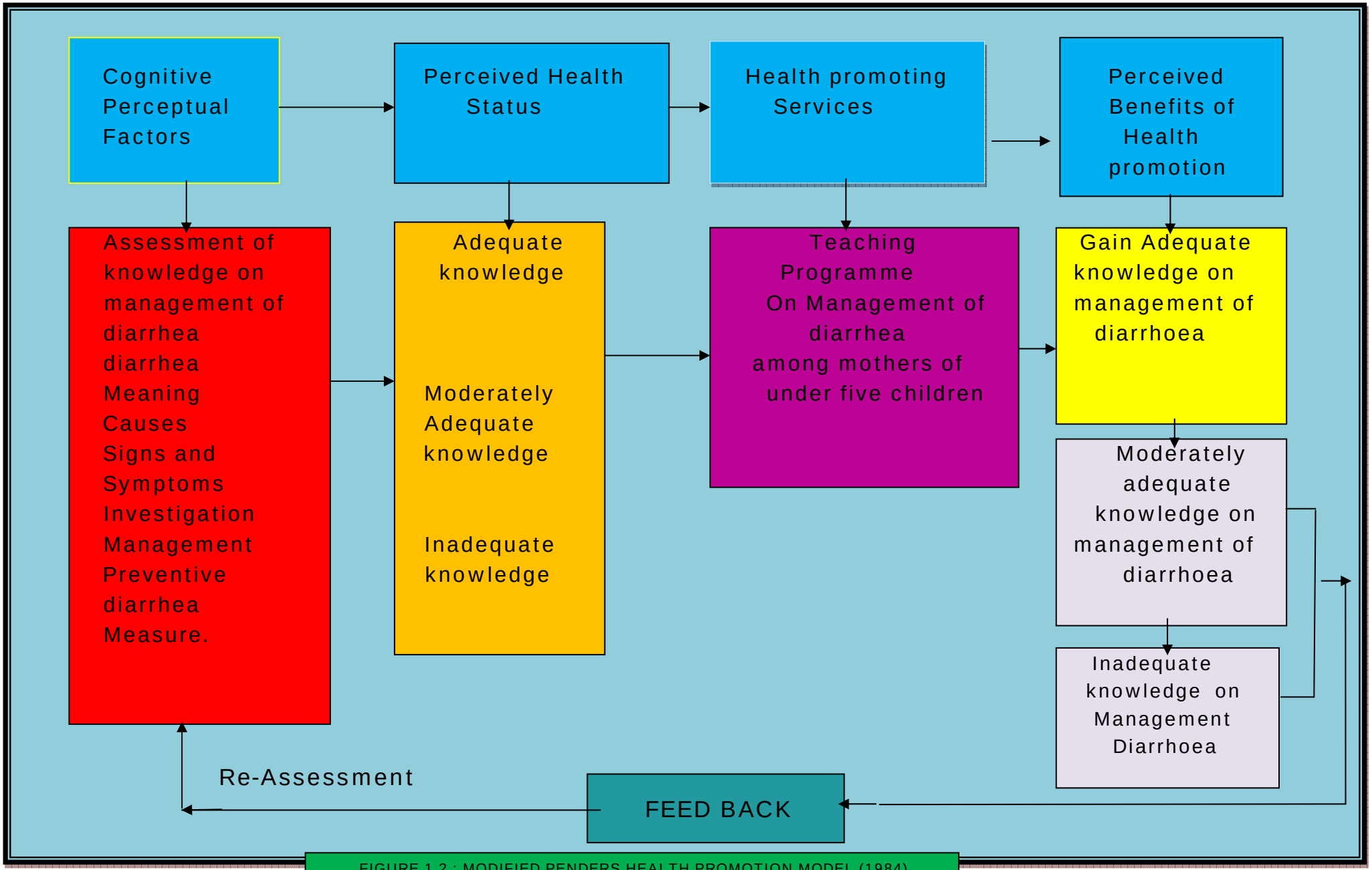


FIGURE 1.2 : MODIFIED PENDERS HEALTH PROMOTION MODEL (1984)

CHAPTER - II

REVIEW OF LITERATURE

Literature review is one of the major components of research process. According to Polit and Hungler (1997), Literature review refers to the activities involved in identifying and searching for information on a topic and developing an understanding of the state of knowledge on topic.

The literature review of this study is presented under following divisions.

Part – I ; Studies related to incidence of diarrhoea.

Part – II : Studies related to predisposing factors and causes of diarrhea.

Part ; III Studies related to management of diarrhea.

Part –I : Studies related to incidence of diarrhea.

Malek M.A. et.al., (2010) conducted a study on epidemiology of rotavirus diarrhea in eastern Mediterranean region. In which rotavirus diagnostic test were applied to children with acute gastro enteritis. Rotavirus was detected in 40% of inpatients and 23% of Outpatients.

By 3 years of age, 75% children experienced a documented rotavirus infection. The findings of this review will be used to establish sentinel hospital surveillance in these countries estimate disease burden and characterize its epidemiology using common protocols and diagnostic.

Guarino. A. et al, (2009) conducted a study regarding hospital based surveillance to estimate the burden of rotavirus gastroenteritis among children younger than 5 years of age. Rotavirus gastro enteritis place high demands on health care systems, accounting for 56.2% of hospitalization and 32.8% of emergency department visit because of community acquired rotavirus gastro enteritis occur in children aged < 2 years and a high proportion occur infants aged < 6 months. Cases were also observed among very young infant < 2 months of age. Rotavirus vaccination is expected to have a major impact in reducing morbidity and the pressure on hospital services.

Parasito., et al. (2008) with a study regarding prevalence of Giardia lamblia with or without diarrhea in south east Asia. G. lamblia is most prevalence in South Asia, South East Asia, Far East, characterizing the current endemic situation within these region.

G. lamblia et.al., varied markedly between studies illustrating higher level in urban than rural areas, more among poor communities, slightly higher in male than in females with age 2-5 year old children, among old age people, HIV positive patients, gastric carcinoma patient. Findings showed that G. lamblia is not life threatening parasites, it is still considered as water borne diarrhea causing disease. It is important to understand etiology, frequency, consequences acute diarrhea in children.

Melo Mcet et.al., (2008) experimented on incidence of diarrhea in children living in urban slums in Salvador, Brazil. Study was conducted to determine the incidence of diarrhea and to assess some relevant associated factors to it in children younger than 40 months living in two slums of Salvator, Brazil. During the surveillance period 232 diarrhoea episodes were identified, resulting in an incidence rate of 2.8 episodes/child /year. Result showed on average, each child suffered 11.1 days of diarrhea per year. Yielding an average duration of 3.9 days per episodes, the highest incidence among children under one year old. Early weaning, male sex, malnutrition, having a mother younger than 25 years (or) who considered her child malnourished, missed immunization, previous pneumonia were associated factors for suffering diarrhoeal episodes.

Econ Hum Biol, et.al., (2006) studied regarding on the incidence of diarrhoea among young Indian Children. In this study, they are using data for over 13,000 children in rural India under the age of 3 years. The results emphasize the importance of mothers being literate, of household appliances and of institutional support through the availability of trained midwives and mother and child centers in villages) in promoting domestic hygiene.

J. Infect Dis (2009) did a study regarding on effect of a point of us water treatment and safe water storage intervention on diarrhoea in infants of HIV-Infected mothers. This study concluded that the incidence of diarrhoea in infants entrolled before (whort A) and after (Whort B) implementation of intervention. Cohort B infants experienced less diarrhoea than (cohort A) infants, before and after meaning. During the weaning period to differences in the pregency of diarrhoea between cohorts. Testing of stored water in cohort B homes indicated high adherence to recommended chlorination practices.

Among infants who were weaned early, provision of safe water may be insufficient to prevent weaning – associated diarrhoea.

Nimri et.al., (2007) experimented a study on polymicrobial infection in children with diarrhoea in a rural area. Stool sperimen were collected from 220 patient children and 100 controls potential pathogenic agents isolated from 143(65%) children were indentified by molecular and standard microbiological methods. Co-infection with two 100 more agents were detected in 50 (25%) cases. Eschericia Coli, Shigella dygenteria, Giardia were found to be predominat. The eliological agent could not be determined in 77(35%) cases. The high infection rate of diarrhoea disease is a strong indication that these pathogens circulate easily through the population.

Part – II : Studies related to causes of diarrhea:

Abba K et.al., (2009) studied on pathogens associated with persistent diarrhea in children in low and middle income countries. This study concluded that number of pathogens are commonly associated with persistent diarrhea in children, but in children without diarrhea the pathogens are found with similar frequencies. New research with carefully selected controls and standardized laboratory investigation across countries will help may cause and help explore effective option for presumptive treatment.

Mushtaq. M et.al., (2009) conducted a study on antibiotic associated diarrhea in children. This study has stated that prevalence of antibiotic associated diarrhea is low and majority will respond to discontinuation of antibiotic. Clostridium difficile infection is uncommon in children. He concluded that probiotics will prevent antibiotics associated diarrhea in only 1 in 7 child on antibiotics. We need cost effectiveness studies decide the issue of needing a probiotic antibiotic combination to prevent AAD.

Viswanathan V.K. et.al., (2009) conducted a study on enteric infection meets intestinal function, how bacterial pathogens cause diarrhea infectious diarrhea is a significant contributor to morbidity and mortality worldwide. In bacterium induced diarrhea, rapid loss of fluids and electrolytes results from inhibition of normal absorption function of the intestine as well as activation of secretary processes. This review explores the various mechanism that contribute to loss of fluids and electrolytes following bacterial infections and attempts to link these events to specific virulence factors and toxins.

Ospino DU et.al., (2008) studied on viral gastroenteritis and diversity of rotavirus strains in Colombian children. This study concluded that Group A rotavirus was frequently associated with diarrhea in children from three

regions. There was regional variation in rotavirus detection rates. Continual surveillance is needed to inform diarrhea prevention programs as well as to provide information about the occurrence of native rotavirus strains.

Olives JP et.al., (2007) conducted a study on viral acute diarrhea. Much of gastroentroenteritis in children is caused by viruses belonging fo four distinct families : rota virus, calcivirus, astrovirus and adenovirus. Viral gastroenteritis occurs with two epidemiological patterns, diarrhea that is endemic in children and outbreaks that affect people of all ages. Rotavirus infection causes severe gastroenteritis, Particularly infants under six months of age.

Giaguinto C.et.al., (2007) conducted a study on clinical consequences of rotavirus acute gastro enteritis. Rotavirus Positive gastro enteritis is more severe, causes more dehydration and result in more emergency department consultation and hospitalization than does rota virus negative age. Varion in management of RVGE seen across study areas could be explained by difference in health care system. Routine rotavirus vaccination of infant could significantly reduce the substantial burden of RVGE and would have major benefit for potential patients, their families and healthcare providers.

Cheng FW. et.al (2006) conducted a study on rapid control of norovovirus gastroenteritis outbreak in an acute paediatric ward. To provide a practical action plan for effective infection control norvovirus outbreak in acute paediatric ward. Prompt implementation of stringent infection control measures and contract tracing can rapidly terminate norvovirus outbreak and prevent a second wave of infection. Children with unexplained vomiting and those with contact history of gastroenteritis should be properly fraiged, isolated and investigated for possible infective causes including norvovirus induced gastroenteritis.

Vuletic B et.al., (2006) conducted a study on Rota virus gastro enteritis. It is the main etiological agents that causes severe diarrhoeal disease in newborn and young children up to two years. Every year, about one million children around the globe die of dehydration caused by rotavirus. The problem is even bigger in underdeveloped and developing countries. The result of our 18 Months research in the town kragujevac and its surrounding area from December 1998 to May 2000 indicates that virus are an important factor in the etiology of the acute diarrhoeal disease in our population.

Webb.A.et.al (2005) did a study on acute gastro enteritis in children. The most important complication of gastroenteritis is dehydration. The amout of weight loss percentage of normal body weight provides the best estimates of dehydration. Clinical signs are not present until the child has lost at least 4% of their body weight. The best sign for identifying dehydration in child decreased include decreased peripheral perfusion, abnormal skin turgor and abnormal respiratory pattern. Fluid replacement is the mainstay of management and most infant & children can be rehydrated safely with ORS. Antiemetics and antidiarrhoeals are not indicated in children with acute gastroenteritis.

Kapic E et.al., (2005) conducted a study on casual factors of AGE in infants and young children. Respiratory, gastrointestinal and skin diseases represents most common disease in infants and young children.

Casual factors of these disease are important infectious agent and causes of pathological condition in children. Greater incidence of infection in infants and young children can be explained in different ways. A cause can be insufficient maturity of their immune system but also their exposure to infection with in collective accommodation (Nurseries, Preschool institution) where they are at the same time, exposed to a number of unknown agents.

Part – III : Studies related to prevention and management of Diarrhoea.

Soares- Weiser K et.al., (2010) studied on vaccines for preventing rotavirus diarrhea to evaluate rotavirus vaccine approved for use. Rotaarix and Rotateg are effective vaccines for the prevention of rotavirus diarrhea. The balance between benefit and harm favours benefit, ongoing safety monitoring should be continued. Trails and comparing LLR with placebo should be conducted and the result made available.

Monos M.K. et.al., (2010) experimented on the effect of oral rehydration solution and recommended home fluids on diarrhea mortality, ORS is effective against diarrheal mortality in home, community and facility setting. However, There is insufficient evidence to estimate the effectiveness of RHFs against diarrhea mortality.

Anderson E.J et.al., (2010) conducted a study on prevention and treatment of viral diarrhea in peadiatrics. Rotavirus has been the most commonly identified viral cause diarrhea in children. Norvovirus is now recognized as second most common viral pathogen. He concluded that strategies for prevention include basic hygiene, optimization of nutrition and vaccination. Rotarix and Rotateg Vaccine dramatically decreased the

morbidity associated with rotavirus in countries where they are widely used. Treatment of the viral pathogens is primarily limited to symptomatic measures.

Mackey M.K. et.al., (2010) conducted a study on community based intervention for diarrhoeal diseases and acute respiratory infection. The study concluded that the burden of acute diarrhea and ARIs can be reduced by training and engaging CHVs to implement community based case management and Prevention strategies. Monitering, supervision and logistical support are essential. Policy decisions based on evidence from national research contributed to the success of the programme.

Mathew P et.al., (2009) conducted a study on pathogenesis and Management of irritable bowel syndrome. The exact cause of IBS is not known. The IBS gene has not been defined and there is need for further studies. The concept that IBS is targeted at management of constipation, diarrhea and abdominal pain and includes pharmacotheraoy with tegaserod, alosetron and lubiprostone. Cognitive behavioural therapy is very beneficial.

Paul D.K. et.al., (2009) conducted a study on efficacy of high dose Lactobacillus rhamnosus GG in controlling acute watery diarrhea in Indian children, randomized controlled trials, was used to evaluate the effective dose of lactobacillus rhamnosus GG as probiotic in acute watery diarrhea in children. This study concluded that both the doses of LGG 10(10) and 10(12) cfu were equally effective to decrease the frequency and duration of diarrhea and reduction in hospital stay in patients of AWD.

Narayanappa D et.al., (2008) conducted a study on randomized double blinded controlled trial to evaluate the efficacy and safety of Bifilac in patient with acute viral diarrhea. This study evaluates the efficacy and safety of Bifilac on reducing the episodes (frequency) and duration of diarrhea induced by rotaviral infection and to evaluate the efficacy of Bifilac to ameliorate the associated symptoms like dehydration and duration of rotaviral shedding in feces. So samples are selected and are divided in two groups. One group received standard therapy + placebo, other group received standard therapy + Bifilac (probiotic). This study concluded that symbiotic, bifilac appears to be a safe and very effective adjuvant in the management of acute rotaviral diarrhea.

Lazzcrini M et.al., (2008) experimented on oral zinc for treating diarrhea in children and to evaluate oral zinc supplementation for treating children with acute (or) persistent diarrhea. The study concluded that in area where diarrhea is an important cause of child mortality, research evidence shows Zinc is clearly of bebefit in children aged six month or more.

Cezard J.P., et. al., (2007) conducted a study regarding meditation in infectious acute diarrhea in children. Acute infectious diarrhea in children remains still a frequent cause of morbidity. 50% of them are due to rotavirus. Oral rehydration therapy and early realimentation have drastically reduced their mortality and morbidity and loperamide which is contra indicated for the last one in children less than 2 years old.

Chovraqui J.P., et.al., (2007) studied on feeding infants and young children with acute diarrhea and recommended that many years that, who affected by gastro enteritis especially the brasst feed infants should be continued on breast milk without any feed for interruption and by that way, will get faster recovery and improved nutrition.

O'LoughlinEv.et.al.,(2006) reported about home-based management of children hospitalized with acute gastro enteritis. He concluded that appropriate oral rehydration is underutilized and medications are over prescribed for the treatment of acute gastroenteritis. Family doctors continue to be the major source of advice for presents. Increased use of ORS at home may reduce hospitalization rates but attempts to change these practices should be directed at parents and family doctors.

Johnston B.C.m et.al., (2007) conducted a study on probiotics for the prevention of pediatric antibiotic associated diarrhea assess the efficacy and adverse effect of probiotics for the prevention of antibiotic associated diarrhea in children. This study concluded that probiotics showing promise for the prevention of pediatric AAD. While per protocol analysis yields treatment effect estimates that are both satistically and clinically significant. The current data are promising but it is premature to routinely recommend probiotics for the prevention of peadiatric AAD.

Alam S et.al., (2006) experiments on current status of anti-diarrhoeal and antisecretory drugs in the management of acute childhood diarrhea.

From recent study it emerges that fluoroquinolones should be the first line of therapy and uphalsporins to be used as the second line. Among the anti-cholera antibiotic, tetracylines which were drug of choice for adult has the advantage of high sensitivity and low cost. Nitazoxanide has high efficacy against cryptosporodial diarrhea only. Strict adherence to the recommendation for the management of acute childhood diarrhea is needed, or else we dilute the effect of standard management.

Awasthi. S et.al., (2006) experimented on Zinc supplementation in acute diarrhea is acceptable, does not interfere with oral rehydration and reduces the use of other medication which assess the impact of Zinc supplementation as well as to assess adherence and adverse effect of Zinc. The sample size was 2002 children aged 2 to 59 month. The study concluded that management of acute watery diarrhea, Zin plus ORS along with culturally appropriate site specific messages in local language does not affect overall ORS use generally and decrease antibiotic and antidiarrhoeal use. Children has good adherence without side effect.

Patel AN et.al., (2005) conducted a study on therapeutic evaluation of Zinc and copper supplementation in acute diarrhea in children with double blind randomized trial. To test the hypothesis that daily

supplementation of Zinc and copper mixed with ORS reduces the duration and severity of acute diarrhea in children. This study showed that most important predictor for duration of diarrhea in children was severity of disease are enrollment. There were beneficial effect of supplementation on rate of any complication and mortality. A larger trial is warranted before supplementation of micronutrients mixed with ORS are recommended for management of acute diarrhea.

CHAPTER – III

METHODOLOGY

This chapter describes the methodology followed to assess the effectiveness of teaching programme on management of diarrhoea among mothers of under five children.

This chapter deals with research design, setting, population, sample size, sampling technique, inclusive and exclusive criteria for selection of sample, description of tools and data collection.

RESEARCH DESIGN

In this study, quasi experimental was adopted to evaluate the effectiveness of teaching programme on management of diarrhoea among the mothers of under five children.

SETTING

The study was conducted in Kadaperi, Kancheepuram District. It is situated in 15 kms away from the college.

POPULATION

The target population of present study was Mothers of under five children who were residing in Kadeperi, Kancheepuram District.

SAMPLE SIZE

The sample size of the study was 100 mothers of under five children.

SAMPLING TECHNIQUE

The Participants of present study was selected by simple randm sampling technique. It is a probability sampling technique in which researcher selected the participants based on age of children who were willing to participate in the study.

A total number of 100 sample were selected by using simple random sampling methods.

CRITERIA FOR SAMPLE SIZE

INCLUSIVE CRITERIA

Mothers who are having under five children.

Mother who are living in Kadaperi

Mothers who are able to understand Tamil and English.

Mothers who are willing to participate in the study.

EXCLUSIVE CRITERIA

Mothers of under five children who were selected for conducing pilot study.

Mothers who were selected for conducting pilot study.

Mothers who were unable to understand Tamil and English.

Mothers having children more then five years.

DESCRIPTION OF TOOL

The tool consists of two section.

PART A – Demographic Proforma

PART-B- Structured multiple choice questionnaire regarding diarrhoeal disease and its management.

CHAPTER - IV

DATA ANALYSIS AND INTERPRETATION

This chapter explains the statistical analysis performed on the collected data. Analysis is a method for rendering quantitative, meaningful and providing intelligible information. so that the research problem can be studied and tested including the relationship between the variables.

DESCRIPTION OF THE TOOL

The instrument used for the data collection was an interview guide. This was developed based on the objectives of the study and review of literature. The instrument interview guide consists of two parts as in part I and part II

PART - I

It consists of information on demographic variable such as age, type of family, occupational status, educational status, family income, type of house, source of water, number of children in family, disposal of solid waste, disposal of human excreta. This was not scored but used for descriptive analysis.

PART – II

It consists of multiple choice questionnaire to assess knowledge on management of diarrhea among the mothers of under five children. The total number of questionnaire was 35. Each right answer scored one and wrong answer scored zero.

SCORING INTERPRETATION

The instrument of Part-II consists of 35 structured multiple choices questionnaire regarding management of diarrhoea. The maximum score was 35 and minimum score was zero based on the scoring. The percentage of knowledge was calculated by using the formula.

$$\text{Scoring interpretation} = \frac{\text{Obtained Score}}{\text{Total Score}} \times 100$$

The score were interpreted as follows.

≤ 50%	-	Inadequate knowledge
51-75%	-	Moderately adequate knowledge
75% and above	-	Adequate knowledge

REPORT OF THE PILOT STUDY

The pilot study was conducted to assess the reliability, practicability, consent value and feasibility of the tool. It was conducted in Kadaperi village. Ten mothers of under five children who met the inclusion criteria were selected by simple random sampling technique.

The knowledge among the mothers of under five children were assessed with structured questionnaire. Structured teaching programme was given to enhance the knowledge among the mothers with the help of educational model, such as flashcards, handouts and charts through lecture cum discussion method.

Structure teaching programme was given to the mothers of under five children the result of pilot study showed that there was a positive correlation between knowledge on the management of diarrhoea among the mothers of under five children.

VALIDITY

The content validity of the instrument used for this interview was validated by various experts. Minor suggestions regarding rearranging of questions and corrections were made in tool. Suggestion of expert were incorporated in the instrument used the study and tools were finalized.

RELIABILITY

Reliability was checked by split half method reliability was r = 0.82. Reliability and practicability of the tool was tested through pilot study and used for main study.

INFORMED CONSENT

The dissertation committee, prior to conducting the pilot study, approved the research proposal. Permission was obtained from the president, medical officer, primary health centre, at Kadaperi. Oral consent was taken from the mothers of under five children to conduct the study. The data collection was done for six weeks by using interview method.

DATA COLLECTION PROCEDURE

The data was collected from mothers of under five children. The data collection was done for 15 minutes in order to get demographic data of the mothers. Pretest was conducted with help the of self structured questionnaire. Teaching was given for 45 minutes regarding management of diarrhoea by using flashcard, charts and handout. The post test was conducted after seven days with same self structured questionnaire

PLAN FOR DATA ANALYSIS

The descriptive analaysis method was used to find out mean of score, standard deviation of score and percentage of score. Inferential statistics was adapted and interpreted in each and every score and found the result of effectiveness of teaching programme on management of diarrhoea among mothers of under five children.

STATISTICAL METHOD

Table 4.1 shows the statistical method used for analysis was number, percentage, mean, standard deviation and chi-square test.

Sl. No.	Data Analysis	Methods	Remarks
1.	Descriptive statistics	Number, percentage mean, standard deviation	T describe frequency of the demographic variable
2.	Inferential statistics	Paired 't' test	To assess the effectiveness of pretest and post test
3.	Inferential statistics	Chi-square test	To find out the association between level of knowledge on management of diarrhoea among the mother of under five children with selected demographic variable

The data were interpreted under following sections.

Section A — Fequency and percentage distribution of demographic characteristics of mothers of Under five children

Section B — Comparison between pretest and post test level of knowledge regarding management of diarrhoea among the mothers of under five children.

Section C — Mean and standard deviation of knowledge regarding management of diarrhoea among the mothers of under five children.

Section D — Improvement score of mean and standard deviation of knowledge regarding management of diarrhoea.

Section E — Analysing the association between demographic variable with knowledge on management of diarrhoea among the mothers of under five children.

Section –A

Table- 4.2 Fequency and percentage distribution of demographic characteristics of mothers of Under five children

Sl NO	Variables		No	%
1	Age	18-24 years	2	2
		21-24 years	53	53
		24-27 years	33	33
		above 27 years	12	12
2	Family type	Nuclear family	48	48
		Joint family	52	52
3	Occupation	Home maker	53	53
		Business	35	35
		Government employee	12	12
		Private employee	0	0
4	Education	Primary	18	18
		Degree	63	63
		Secondary	11	11
		Llliterate	8	8

5	Income	Below Rs.3000	29	29
		Rs.3001Rs-4000	46	46
		Rs.4000- Rs.5000	21	21
		Above Rs. 5000	4	4
6	Type of house	Hut	31	31
		Kutcha	50	50
		Concrete	19	19
7	Source of water	Well water	7	7
		Tap water	91	91
		Hand pump water	2	2
8	No. of children	One	19	19
		Two	62	62
		Three	19	19
		Above three	0	0
9	Solid disposal	Dust bin	11	11
		Manure pit	69	69
		Burial	8	8
		Open field	12	12
10	Method of disposal of human exceta in your house.	Open field	75	75
		Sanitary Laterine	25	25

Table 4.1 depicts the frequency and percentage distribution of the personal factors of demographic variables includes age, family type, occupation, education, income, type of house, source of water, number of children in the family, solid disposal, method of disposal of human excreta.

The total number of 100 mothers were in the selected for the study. It is seen that among 100 mothers, 2(2%) were the age group of less than (18-24) years. 53(5%) were between the age group of (24-27 years) 12(12%) were between the age group of above 27 years.

Regarding family type, out of 100 mothers, 48(48%) had nuclear family, 52(52%) belong to joint family.

Occupation being next factor 53(53%) of them were home maker, 35(35%) of them were doing business, 12(12%) of were government employed and none of them was private employee.

Regarding educational status, out of 100 mothers 18(18%) had primary education, 63(63%) had degree, 11(11%) had secondary education and 11 (11%) was illiterate.

Family income helps to find out of the economic status of the mothers. Among 100 mothers, 29(29%) of them had less than 3000 rupees, 46(46%) between 3001-4000 rupees, 21(21%) of them between 4001-5000 rupees and 4(4%) of them above 5000 rupees.

Regarding type of house, out of 100 mothers, 31(31%) were having hut, 50(50%) were having kutcha house, and 19(19%) were having concrete house.

Source of water being next factor, 7(7%) of them were using well water, 91(91%) were using tap water and 2(2%) them were using hand pump

Regarding number of children in the family, 19 (19%) had one child, 62(62%) of them had two children, 19(19%) had three children and none of them had above three children.

Regarding solid waste disposal, 11(11/5) of them were disposing the waste in waste bin, 69(69%) of them were disposing the waste in manurepit method, 8(8%) of them were disposing the waste in burial method and 12(12%) of them were dispuring the waste in open field.

Next factor concerned with disposal of human excreta, 75(75%) used only open field and 25(25%) used sanitary latrine.

SECTION – B

TABLE : 4.3. Comparison between pretest and post test level of knowledge regarding management of diarrhoea among the mothers of under five children.

N = 100

Sl. No.	Description	Level of Knowledge					
		In Adequate Knowledge		Moderately Adequate knowledge		Adequate Knowledge	
		No	**%**	**No**	**%**	**No**	**%**
1.	Pre Test	57	57	43	43	0	0
	Post Test	0	0	47	47	53	53

Table 4.3 reveals that in the pretest 57% mothers had inadequate knowledge, 43% of the mothers had moderately adequate knowledge. In the post test, only 47% have moderately adequate knowledge. 53% had acquired adequate knowledge and no one had inadequate knowledge in post test.

SECTION – C

TABLE 4.4: MEAN AND STANDARD DEVIATION OF PRETEST AND POST TEST SCORES REGARDING MANAGEMENT OF DIARRHEA AMONG THE MOTHERS OF UNDER FIVE CHILDREN.

N = 100

Sl.No.	Level of Knowledge	Mean	Standard Deviation
1.	Pre Test	**16.34**	**3.74**
2.	Post Test	**26.08**	**3.72**

Table 4.4 reveals that in the pretest overall mean of the knowledge was 16.34 with standard deviation of 3.74. In the post test overall mean of knowledge was 26.08 with standard deviation of 3.72

SECTION – D

Table 4.5 : IMPROVEMENT SCORE OF MEAN AND STANDARD DEVIATION OF KNOWLEDGE REGARDING MANAGEMENT OF DIARRHOEA.

Variable	Mean	Standard deviation	paired 't' test
Level of Knowledge	9.74	5.34	18

Table 4.5 stated that the improvement mean and standard deviation in the knowledge aspect the mean was 9.74 with standard deviation of 5.34. The effectiveness of structured. Teaching programme regarding knowledge was done by paired 't' test comparing the calculated value and table value at $P < 0.05$. It was highly significant.

Section - C: Association of demographic characteristics with knowledge on management of diarrhoea among the mothers of under five children.

SECTION – E

TABLE:4.6 ANALYSING THE ASSOCIATION BETWEEN DEMOGRAPHIC VARIABLE WITH KNOWLEDGE ON MANAGEMENT OF DIARRHOEA AMONG THE MOTHERS OF UNDER FIVE CHILDREN.

S. No.			PRE SCORE						POST SCORE						X^2
			Aadequate		Moderately adequate		In Adequate		Inadequate		Moderately adequate		Adequate		
			No	%	No	%	No	%	No	%	No	%	No	%	
1.	Age	18-24 years	0	0	0	0	2	2	0	0	2	2	0	0	4.463 *
		21-24 years	0	0	24	24	29	29	27	27	26	26	0	0	
		24-27 years	0	0	13	13	20	20	21	21	12	12	0	0	
		Above 27Years	0	0	6	6	6	6	5	5	7	7	0	0	
2.	Family type	Nuclear Family	0	0	23	23	25	25	26	26	22	22	0	0	.050 *
		Joint Family	0	0	20	20	32	32	27	27	25	25	0	0	
3.	Occupation	Home maker	0	0	20	20	33	33	24	24	29	29	0	0	8.504
		Business	0	0	19	19	16	16	18	18	17	17	0	0	
		Govt.Employee	0	0	4	4	8	8	11	11	1	1	0	0	
		Private Employee	0	0	0	0	0	0	0	0	0	0	0	0	
4.	Education	Primary	0	0	6	6	12	12	2	2	16	16	0	0	20.745
		Degree	0	0	26	26	37	37	35	35	28	28	0	0	
		Secondary	0	0	7	7	4	4	10	10	1	1	0	0	
		Illiterate	0	0	4	4	4	4	6	6	2	2	0	0	
5.	Income	Below Rs.3000	0	0	6	6	23	23	10	10	19	19	0	0	8.574
		Rs. 3001-4000	0	0	23	23	23	23	25	25	21	21	0	0	
		Rs. 4000-Rs5000	0	0	14	14	7	7	16	16	5	5	0	0	
		Above Rs5000	0	0	0	0		4	2	2	2	2	0	0	
6.	Type of House	Hut	0	0	12	12	19	19	18	18	13	13	0	0	4.449
		Kutcha	0	0	23	23	27	27	22	22	28	28	0	0	
		Concrete	0	0	8	8	11	11	13	13	6	6	0	0	

S. No.			PRE SCORE						POST SCORE						X^2
			Aadequate		Moderately adequate		In Adequate		Inadequate		Moderately adequate		Adequate		
			No	%	No	%	No	%	No	%	No	%	No	%	
7.	Source of Water	Welfare	0	0	2	2	5	5	7	7	0	0	0	0	8.682
		Tap Water	0	0	41	41	50	50	46	46	45	45	0	0	
		Hand Pump Water	0	0	0	0	2	2	0	0	2	2	0	0	
8.	No of Children	One	0	0	8	8	11	11	12	13	7	7	0	0	1.694 *
		Two	0	0	26	26	36	36	33	33	29	29	0	0	
		Three	0	0	9	9	10	10	8	8	11	11	0	0	
		Above Three	0	0	0	0	0	0	0	0	0	0	0	0	
9.	Solid Disposal	Dust Bin	0	0	6	6	5	5	9	9	2	2	0	0	4.960 *
		Manure Pit	0	0	29	29	40	40	34	34	35	35	0	0	
		Burial	0	0	2	2	6	6	3	3	5	5	0	0	
		Open Field	0	0	6	6	6	6	7	7	5	5	0	0	
10	Disposal of Human Excreta	Open Field	0	0	37	37	38	38	37	37	38	38	0	0	1.619 *
		Sanitary Latrine	0	0	6	6	19	19	16	16	9	9	0	0	

* $P < 0.05$ level significant

There is association between demographic variable such as age, family type, number of children, method of waste disposal, method of disposal of human excreta. There is no association between following demographic variable such as occupation education, type of house and source of water.

FINDINGS OF THE STUDY

The statistical analysis shows that in pre test the mean was 16.34 with standard deviation 3.74 and the post test score mean was 26.08 with standard deviation 3.72. The improvement score shows that the mean was 9.74 with standard deviation of 5.3 and the 't' value is 18. It shows that effectiveness of teaching programme was highly significant P< 0.05 level. The chi-square shows that there is positive association between demographic variable such as age, family type no of children, method of waste disposal and method of disposal of human excreta and there is no association between following demographic variable such as occupation, education, type of house and source of water.

The over all finding showed that pre test and post test revival that the effectiveness of teaching programme is highly significant.

CHAPTER – V

RESULT AND DISCUSSION

The aim of the present study was to evaluate the effectiveness of teaching programme on management of diarrhoea. A total number of 100 samples were selected for the study, pretest was done by multiple choice questionnaire. After conducting pretest, teaching programme was given for 45 minutes by using flashcard, charts and pamphlets. After seven days, post test was done by same multiple choice questionnaire.

The result of study had seen discussed according to the objectives of the study, conceptual framework and on related literature.

The first objective was to assess the knowledge on management of diarrheal disease among the mothers of under five children.

The study was conducted at Kadaperi Village. Hundred samples of under five mother were included in the study. Each mother was assessed with demographic variable and multiple choice questionnaires.

Table 4.2 shows that each mothers knowledge was assessed by using multiple choice questionnaire. The findings indicated that the 57 (57%) mother had inadequate knowledge, 43 (43%) mother had moderately adequate knowledge and none of the mothers had adequate knowledge with mean and standard deviation. It reveals that most of the mothers have got inadequate knowledge regarding management of diarrhroea. 100 mothers were given education on management of diarrhea with the help of flashcard, charts and handouts prepared in Tamil which was distributed to each mother. Education was given on meaning of diarrhoea, etiology, predisposing factor, mode of transmission, pathophysiology, signs and symptoms, investigation Treatment and preventive measure 40-45 minutes taken for teaching programme. All mothers were responding well for education.

Second objective of the study was to evaluate the effectiveness of teaching programme on management of diarrhoea among mothers of under five children.

The improvement mean and standard deviation in the knowledge on management of diarrhoea was 9.74 with standard deviation of 5.34. The paired 't' test value overall score of knowledge is highly significant at $P<0.05$ level.

Third objective of the study was to associate between the level of knowledge on management of diarrhoea among the mothers of under five children with selected demographic variable.

There is an association between demographic variable such as age, family type, number of children, method of waste disposal, method of disposal of human excreta. There is no association between following demographic variable such as occupation, education, type of house and source of water.

CHAPTER - VI

SUMMARY AND CONCLUSION

Summary

Nurses as health professional have the dual responsibility of being health care provider as well as health educator. Mothers of under five children have lack of knowledge regarding management of diarrhoea. By keeping this in view, the researcher in this study aimed at educating the mothers of under five children regarding management of diarrhea.

The study was conducted on the effectiveness of teaching programme on management of diarrhoea among the mothers of under five children. 100 mothers of under five children were selected by simple random a sampling, the tool for data collection was multiple choice questionnaire, which was prepared to assess the knowledge on management of diarrhoea.

The data was collected by administering the structure interview schedule, which was prepared to assess the knowledge of mothers on management of diarrhoea. Mother were educated

with the help of flashcard, charts and providing handout to each sample. Education was given in various aspects such as meaning of diarrhea, etiology, signs and symptoms, pathophysiology, diagnosis, management of diarrhoea. After one week interval from teaching programme, the knowledge on mothers were assessed on the same aspect. In post test, most of the mothers gained adequate knowledge about management of diarrhoea.

CONCLUSION

In pretest, level of knowledge on mothers of under five children showed that 57% mothers had inadequate knowledge, 43% mothers had moderately adequate knowledge and none of mother had adequate knowledge.

In post test evaluation showed that 47% of mother had moderately adequate knowledge, 53% of mother had adequate knowledge and none of the mothers had inadequate knowledge. There was statistically $P<0.05$ significant improvement in knowledge could be found in relation to effectiveness of teaching programme.

NURSING IMPLICATIONS

The study gives knowledge among Nurses in identifying the problem and complaints at an early stage, nurses have major role in any health care setting. So Nurses should through Knowledge about the assessment of dehydration, fluid calculation and should take up the important role of education and reinforcing the parents, family members, care takers about importance of knowledge on management of diarrhoea.

The implication of study can be seen in areas of Nursing practice, Nursing education, Nursing administration, and Nursing research.

NURSING PRACTICE

The important role of nurses is to provide care and comfort to carry out specific Nursing function, the planned teaching programme, are to be scheduled in the community set up in fixed date, time for the mothers and care taker (or) family members.

The study implies that nurse should help the mothers to regain knowledge through teaching programme, although teaching skill that promote knowledge about management of diarrhoea which are important to mothers of underfive children. It indicates

the need for change that has to be introduced by nursing professional

Before nurses can utilize, they practice they needed to have strong foundation in terms of education, not only as a role of student but also give importance to the newly appointed Auxiliary Nurses, Midwife, Multipurpose Health Worker and village health workers who have close contact with the rural population.

- ❖ Orientation programme for new staff to acquire the concept and management of diarrhoea.
- ❖ The present trend in health care delivery system emphasizes on preventive as well as curative measures.
- ❖ Updating the Knowledge of Auxiliary Nurse Midwife, Multipurpose Health worker by proper and relevant in service education about knowledge programme, refreshment course, workshop and seminar, emphasizing diarrhoea management.

NURSING ADMINISTRATOR

Nurse administrators play an important role in plan and organize continuing nursing education programme for nursing

personnel and motivate them in conducting programme on management of diarrhoea and it will be beneficial to community.

Nurse administrators can promote efficient team work, plan for manpower, money, material and methods to conduct education programme.

Findings of the study help nurse administrator to allocate resources to do further studies in nursing care of under five children with diarrhoea. It may include all ancillary personnel who provide supportive patient care services.

The study findings will serve as a background for further study regarding management of diarrhoea among the mothers of under five children.

- The study gives knowledge among Nurses in identifying the problem and complication regarding diarrhoea.

NURSING EDUCATION

The study emphasizes on the encouragement of the staff Nurse to undergo continuing nursing programme, specialized courses (or) training regarding the care of diarrhoea to update their Knowledge.

- The leader in nursing care confronted to undertake the health needs of the most vulnerable by effective organization and management.. The nurse administrator should take active part in health policy, developing protocol, procedure and standing orders related to cure of diarrhoea.
- The nurse educator, whenever plan to provide instruction regarding care of under five years children with diarrhoea should provide opportunity to develop skill and attitude in handling the children with diarrhoea.
- The nursing educator can prepare the student to utilize teaching according to needs of community. Nursing Administrator can arrange a mass health education programme to public to create knowledge regarding prevention and management of diarrhoea.

NURSING RESEARCH

The present study provides scope for further study for future researchers.

Usage of research findings should become a part of the quality assurance evaluation to enhance individual performance as a whole.

RECOMMENDATION

Based on the research findings the following recommendations can be made.

- Similar study can be done with larger number of samples.
- A comparative study can be conducted between urban and rural community.
- A similar study can be carried out using different teaching strategies.

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ENCOURAGE THE MOTHER FOR
EXCLUSIVE BREAST FEEDING
FOR FOUR MONTHS

ADVICE TO AVOID BOTTLE FEEDING

ADVICE TO USE SPOON FOR FEEDING

ENCOURAGE TO TAKE FRUITS JUICES

WASH THE HANDS BEFORE HANDLING THE BABY

To treat diarrhoea at home, give extra fluids and continue giving nutritious foods.

PROVIDE ORS WHENEVER NECESSARY

MANAGEMENT AND PREVENTION OF DIARRHOEA

Guide:
Dr.N. KOKILAVANI,M.Sc.,(N), M.Phil., Ph.D.,
Principal
Adhiparasakthi College of Nursing
Melmaruvathur.

Foe;ijf;F Kjy; ehd;F khjk; jha;ghy; kl;Lk; nfhLf;f Ntz;Lk;.

Foe;ijfSf;F Gl;bghy; nfhLg;gij jtph;f;fNtz;Lk;

Foe;ijfSf;F ,iz czT nfhLf;Fk;NghJ Njf;fuz;bia gad;gLj;jNtz;Lk;

Foe;ijfSf;Fr; gor;rhW nfhLf;fNtz;Lk;

Foe;ijfis ifahSk;nghOJ vg;nghOJk; iffis Rj;jkhf itj;Jf;nfhs;s Ntz;Lk;.

To treat diarrhoea at home, give extra fluids and continue giving nutritious foods.

Foe;ijf;F NgjpahFk;NghJ X.Mh;.v];. fiury; nfhLf;fg;glNtz;Lk;.

Ngjpia Fzg;gLj;Jk; kw;Wk; jLf;Fk; Kiwfs;

Guide :

Dr. N. Kokilavani,M.Sc., (N), M.Phil, Ph.D.,
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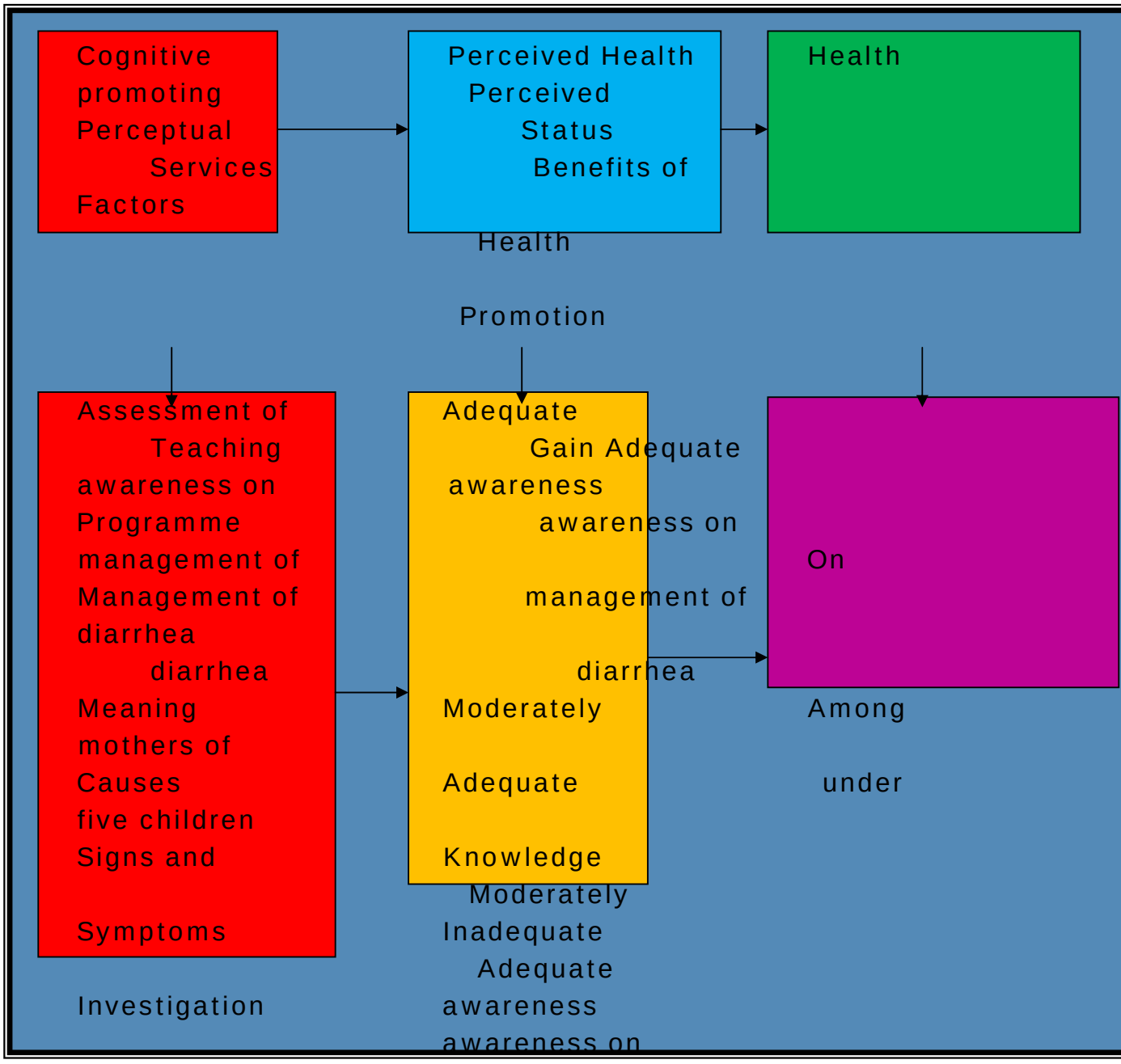
Cognitive promoting Perceptual Services Factors
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Health
Assessment of Teaching awareness on Programme management of Management of diarrhea diarrhea Meaning mothers of Causes five children Signs and Symptoms Investigation Management Preventive Measure.
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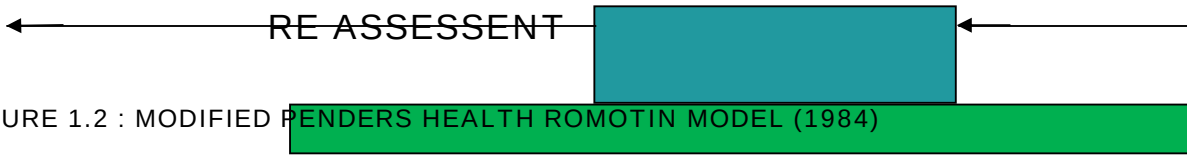

FIGURE 1.2 : MODIFIED PENDERS HEALTH ROMOTIN MODEL (1984)

Appendix – I

TOOLS

Part- A

Demographic Data

1.) Age of the mother (In year)
   A) 18-21
   B) 21-2
   C) 24-27
   D) above 27

2.) Type of Family
   A) Neuclear Family
   B) Joint Family

3.) Occupational Status of Mother
   A) Home maker
   B) Business
   C) Government employee
   D) Private employee

4.) Educational status of mother
   A) Primary education
   B) Degree holder
   C) Secondary education
   D) Illiterate

5.) Family Income Rs. / Month
   A) < Rs. 3000
   B) Rs. 3001- Rs. 4000
   C) Rs. 4001 – Rs. 5000
   D) > Rs. 5000

6.) Type of House
   A) Hut
   B) Katcha
   C) concrete

7.) Source of Water
   A) Well Water

B) Tap Water
C) Hand Pump

8.) Number of Children in family
A) One
B) Two
C) Three
D) > Three

9.) The method you used for solid waste disposal
A) Waste pin
B) Munure Pits
C) Burial
D) Open Field

10.) Method of disposal of human excreta in your house
A) Open field defection
B) Sanitary Catrine

Appendix - II
Part – B
Assessment tool of awareness regarding management of diarrhoea

1.) Diarrhoea means passing of
A) More number of stool
B) Watery stool
C) Watery stool more than three times
D) Stool immediately after feeding

2.) The normal consistency of stool is
A) Soft
B) Hard
C) Mucous
D) Watery

3.) Diarrhoea ncan be caused by
A) Bacteria
B) Virus
C) Parasites
D) All the above

4.) Diarrhoea must commonly seen in infants who are

fed
with except

A) Bottle feeding
B) Straw tambler feeding
C) Shipper
D) Baladai

5.) Diarrhoea can be commonly found in among which milestone
   A) Sitting
   B) Walking
   C) Standing
   D) Crawling
6.) The mode of tramsmission of diarrhoea is all the following except
   A) Feco oral route
   B) Water home
   C) Food borne
   D) Air borne
7.) Which one of the following food will cause diarrhoea in children
   A) Well cooked food
   B) Un cooked food
   C) All the above
   D) None of above
8.) Milk used for infant feeding should be prepared
   A) Half an hour before
   B) One hour before
   C) At the time of feeding
   D) Two hours before
9.) The following are signs of diarrhoea except
   A) Watery stool
   B) Nausea and vomiting
   C) Abdominal Pain
   D) Wheezing

10.) The following is signs of dehydration except
   A) Poor skin turgor

B) Sunken eyes
C) Dry mouth and tongue
D) Cough

11.) The following is given to treat the diarrhoea
A) antimicrobial agent
B) ORS
C) Fruit Juice
D) All the above

12.) The ORS is prepared by following method.
A) One pocket of ORS mixed with one litre of boiled cool water
B) One Pocket of ORS mixed with two litre of boiled cool Water.
C) One Pocket of ORS mixed with one litre of tap water
D) One Pocket of ORS mixed with hot water.

13.) Prepared ORS can be used for
A) With in 24 hours
B) With in 48 hours
C) With in 72 hours
D) More than 72 hours

14.) Which one is good to breast fed her baby during diarrhoea
A) Always
B) Some times
C) Not always
D) Not good

15.) dehydration can be managed by following except
A) Tender coconut water
B) Fruit Juice
C) Rice Kanjee
D) Milk

16.) The following are immediate complication of diarrhoea
A) Dehydration
B) Malnutriation
C) Growth retardation
D) None of the above.

17.) Repeated attack of diarrhoea in fants leads to following

complication except

A) Malnourishment
B) Abdominal distension
C) Weight loss
D) Tiredness

18.) Handwashing should be done

A) Before taking foods
B) After defacation
C) All the above
D) None of the above

19.) Diarrhoea can be prevented by cleaning her breast

A) Before each feeding
B) After feeding
C) Before half an hour to feeding
D) Once a day

20.) The infants can be protected from diarrhoea up to four month by giving

A) Cow milk
B) Mother Milk
C) Goat Milk
D) Buffalo Milk

21.) Washing the hands after defacation will prevent spread of organism from faces to

A) Skim
B) Blood
C) Mucous
D) Oral

22.) The water used for infant feeding should be

A) Boiled cool water
B) Warm water
C) Tap water
D) Cool water

23.) The food materials should be covered properly in oral to avoid

A) Spilling Out
B) Contamination with files
C) Mishandling with child
D) Prevent chillness

24.) Articles used for feeding should be boiled for

A) Two Minutes

B) Three Minutes
C) Four Minutes
D) Five Minutes

25.) The house and surrounding must be kept clean when the child starts crawling in order to

A) Providing good atmosphere
B) Increase the pleasure of child
C) Avoid eating contaminated things
D) Help the child for easy crawling.

26.) The effective method of washing the feeding bottle is
A) Tap water
B) Hot water
C) Cool water
D) Soapy water

27.) The food should be avoided during diarrhoea
A) Spicy food
B) High fibre food
C) Non-vegetarian food
D) All the above

28.) How much amount of ORS should be given to under 4 month baby one and first four hours
A) 50 ml – 100ml
B) 100ml – 150ml
C) 150ml – 200ml
D) 200ml – 400ml

29.) How much amount of ORS should be given to baby aged between 4-11 months first four hours
A) 200ml – 300ml
B) 350ml – 400ml
C) 400ml – 500ml
D) 400ml – 600ml

30.) How much amount of ORS should be given to baby aged between 1-2 years first 4 hours
A) 500ml – 600ml
B) 600ml – 700ml
C) 700ml – 800ml
D) 600ml – 800ml

31.) How much amount of ORS should be given to baby aged between 2-4 years in first 4 hours
   A) 600ml – 700ml
   B) 700ml –800ml
   C) 800ml – 900ml
   D) 800ml – 1200ml
32.) How much amount of ORS should be given to baby aged between 5-14 years in first hours
   A) 800ml – 900ml
   B) 900ml – 1000ml
   C) 1100ml – 2000ml
   D) 1200ml – 2200ml
33.) The amount of ORS to be given first four hours can be calculated by based on weight that is
   A) Baby weight x 75
   B) Baby weight x 25
   C) Baby weight x 50
   D) Baby weight x 15
34.) The following sign will indicate poor skin turgor
   A) Pinch, retract very slowly more than 2 seconds
   B) Pinch, retract, immediately
   C) Warm Skin
   D) None of the above

35.) Following is sign of severe dehydration
   A) Does not pass urine more than 6 hours
   B) Tiredness
   C) Stomach Pain
   D) Vomiting

APPENDIX - III
STRUCTURED TEACHING PROGRAMME

Topic	:	**Management of Diarrhoea**
Group	:	**Mothers of under five children**
Place	:	**Kadaperi, Madhuranthagam Taluk, Kancheepuram District.**
Instructor	:	**MRS. R. ALLI M.Sc., (N) IInd Year**
Time	:	**45 Mins**
Method of Teaching	:	**Lecture Cum Discussion**
Teaching Aids	:	**Charts, Hand outs, flash cards, Phamlets.**

GENERAL OBJECTIVES :

Help the Women will be able to understand, gain adequate awareness regarding the definition, Risk factor and causes of diarrhoea, Pathophysiology, signs and symptoms of diarrhea, management of diarrhea and prevention of diarrhea.

CONTRIBUTORY OBJECTIVES :

The women after going through the teaching programme will be able to

- ❖ define diarrhea
- ❖ list out the risk factors and causes of diarrhea
- ❖ discuss the pathophysiology of diarrhoea

- ❖ explain about signs and symtoms of diarrhea
- ❖ state about management of diarrhea
- ❖ explain about preventive measure of diarrhea.

Introduction :

I am a nurse who has come to discuss regarding meaning of diarrhea, causes and mode of transmission of diarrhea, sings and symptoms of diarrhea, management of diarrhea and prevention of diarrhea. Because the diarrhea most important causes of death among under five children. It is important for us to reduce morbility and mortality. Now I will explain all the things.

Sl.No.	Time	Contributor Objectives	Content	Teacher Activity	Learners Activity
1	2 Mints	Definition of diarrhea	Diarrhea is defined as the passage of loose, liquid (or) watery stool. These liquid stools are usually Passed more than three times a day.	Teaching	Learning
2	5 mints	List out the risk factors and causes of diarrhoea.	Causes: Viral Causes - Rota Virus Enteric Virus Adenovirus Norvovirus Astrovirus Bacterial Causes : Vibro Salmonella Campylobactor jejuni Psudomonus Aerovonas Parasitic Causes ; Giadia Lamblia Entameba Histolytica Cryptospordium.	Teaching	Learning

Sl.No.	Time	Contributor Objectives	Content	Teacher Activity	Learners Activity

3	6 Mins	Discuss the pathophysiology of diarrhoea.	Predisposing Factor: Age- Children below five years. Socio Economic : Status : Poverty, malnutrition, Personal hygiene Human habits, water and soil pollution, lack of education, quality of life. Food Intake ; Intake of uncleaned and spoiled food leads to diarrhea, unhygienic methods of preparing food also leads to diarrhea. Seasonal Change ; Higher frequency of diarrhea seen in summee month. **Patho physiology :** Pathogen (Virus, Bacteria, Parasites) Causes tissue damage and inflammation by entotoxin. ↓ The exdotoxin stimulates mucosal lining of intestine. ↓ It leads to greater secretion of water and electrolytes in to intestinal lumen.	Teaching	Learning
Sl.No.	**Time**	**Contributor Objectives**	**Content**	**Teacher Activity**	**Learners Activity**

4	8 Mins	explain the signs and symptoms of diarrhoea	The active secretion of chloride and bicarbonate ion will inhibits sodium reabsortion. ↓ To balance the excessive sodium,large amount of protein rich food are secreted in bowel. ↓ Over whelming of large bowel inability to reabsorb the fluid electrolytes and roduce diarrhea. ↓ Pathogens also causes damage and inflammation by invading destroying mucosal lining of bowel. ↓ It tends to bleeding and ulceration. Finally integrity of GI tract is impaired, its ability to carryout digestion and absorption function affected. **Signs and Symptoms :** - Loose, watery stool more than 3 times a day. - Hyerthermia.	Teaching	Learning

Sl.No.	Time	Contributor	Content	Teacher Activity	Learners

		Objectives			Activity
			- Nausea - Vomiting - Abdominal Cramps - Signs of dehydeation - Intestinal rubling - Anorenia - Thrist - Painful, Sparmotic contraction of anus. -		
5	7 Mins	Explain the diagnostic evaluation of diarrhoea	Diagnostic Evaluation : History Collection Stool examination – Stool microscopy – Fecal Leckocyte count 10/hpt Stool culture, -Blood examination -Blood gas analysis -Serum electrolytes, Renal function test.	Teaching	Listening

			ASSESSMENT OF DEHYDRATION:						
			Sl.No.	**Signs**	**Score1**	**1**	**2**		
			1.	**Appearance**	**Normal**	**Restless**	**Semicoma**		
			2.	Eyes	Normal	Custerless	Sunken Eyes with		

							Cloudy Cornea and Starting		
			3.	Anterior Fontanelle	Normal(or) Slightly Sunken	Moderately Sunken (or) Demonstrably Depressed	Well Depressed Cranial Suture Standing Out.		
			4.	Tongue and Mouth	Moist	Moist	Very dry And water lips		
			5.	Skin Turgor	Skin pinch Goes back Quickly	Skin Pinch Goes back Slowly	Skin pinch Goes back Very slowly		
			6.	Pulse rate	Normal 130-10 b/m	Rapid 160-180 b/m	Rapid & Thready 180 b/m		
			7.	Extremities	Warm	Warm	Cold and Clammy		
			8.	Urine output	Normal	Oliguria	No Urine For 12-2 hrs		
			9.	Muscle Tone	Normal	Normal (or) Increased	Flaccid		
			10.	Thirst	Thirsty	Extreme Thirsty	Not Apparent b/c Of poor General Condition.		
			Decode Dehydration		No signs of Dehydration	Has 2 (or) More signs	2 (or) more Signs		

			Status		There is some Dehydeation	Severe dehydeation		
			Treatment Plan	Plan-A	Plan-B	Plan-C		
6	7 Mins	explain about the management of diarrhoea	**Management and control of diarrhea disease** PRINCIPLES OF TREATMENT : General assessment of diarrhea Assessment of hydration status Correction of electrolytes and acid base Imbalance. Proper feeding to provide normal nutritional requirements. Treatment of associated problem like dysentery Nutritional rehabilitation. Health education.				Teaching	Listening
			Treatment an A for child with diarrhea. There are treatment Plan A when there is no dehydration. Give the child more fluids than usual to prevent dehydration. 1. Use recommended home fluid. Give as muc of fluids as the child will take continue giving these fluids until the diarrhea stops. 2. Give the child plenty of food to prevent under nutrition. Take the child to the health worker if the child does not get better in three days (or)					
			Develop any of the following :					

			Many watery stools Repeated vomiting Marked thirst Eating (or) drinking poorly Fever Blood in the stool. Treatment Plan B for child with mild dehydration. - For mild dehydration treatment - Plan B is advocated. - ORS fluid should be given - 100 to 200 ml clean water should be given to an infant under six month who are not breast fed. - If the mother wants to leave before completing treatment. The instruction must be given. Treatment Plan C for child with Severe dehydration; When the child has severe diarrhea/dehydration treatment plan C is advocated. The mother should be given ORS packet to give ORS solution 5ml/kg of budy weight. When diarrhea accompanied fever paracetamol should be given.		

			Composition of ORS Ingredient: Quality Bicarbnate : Sodium chloride: 3.5 gm Sodium Bicarbenate: 2.5 gm		

			Pottasium Choloride 1.5 gm Glucose 20 gm Potable water 1 Litre <u>Composition of ORS citrate</u> Sodium Chloride 3.5 gm Trisodium citrate de 2.9 gm Potassium chloride 1.5 gm Glucose 20.0 gm Potable water 1 Ltr ORS solution to be given according the guidelines for oral rehydration therapy (for all ages) during the first four hours. **Age** **ORS solution (M1)** Under 4 month 200ml – 400ml 1-2 years 400ml – 600ml 2-4 years 600ml – 800ml 5-14 years 1200ml - 2200 ml 15 years and more 2200ml - 4000ml Based on weight : Patient weight x 75	Teaching	Learning

			Health Deduction : ❖ Health education regarding environmental Sanitation ❖ Importance of personal hygiene		

			❖ Proper disposal of solid waste. ❖ Importance of use of sanitary latrine ❖ Educate them importance of hand washing ❖ Before taking food and after defecation. ❖ Sterilization of feeding bottle. ❖ Importance of exclusive breast feeding for first 4 month. ❖ Educate them about clean drinking water. ❖ Importance of ORS to treat the diarrhoea ❖ Importance of immunization.		

Conclusion :

Health is fundamental importance to every human being during all the spheres of life. The children's are special events in the life time. So care of children is very important to make the healthy nation.

APPENDIX – VI
HAND OUT
MANAGEMENT OF DIARRHOEA

Meaning :

Diarrhoea is defined as the passage of loose, liquid (or) watery stool. These liquid stools are usually passed more than three times a day.

Courses of diarrhoea

Viral causes	:	Rota virus Enteric virus Adenovirus Norrovirus Asbovirus
Backterial	:	Vibro Salmonella Psudomonus
Parasitic causes	:	Giadia lamblia Entameba Kistolytica Crytospordium

Measures to prevent the diarrhoea

- Drink safe water (Boiled water, Chlorinated water)
- Wash the fruits and vegetables before consumption
- Cover all the food items properly to prevent condemnation with flies.
- Avoid bottle feeding.
- Wash the hands with soap and water before taking food.
- Wash the hands with the soap and water after urination and defecation.

- Cut short the nails regularly.
- Maintain personal hygiene's
- Maintain good environmental hygiene's
- Use toilet for urination and defecation

Appendix - I

rKjha fhuzpfSf;fhd gbtk;

gFjp - m

1. jhapd; taJ (tUlq;fspy;)
   - m. gjpndl;L Kjy; ,Ugj;jpnahd;W tiu
   - M. ,Ugj;jpnahd;W Kjy; ,Ugj;jp ehd;F tiu
   - ,. ,Ugj;jp ehd;F Kjy; ,Ugj;jp VO tiu
   - <. ,Ugj;jp VO taJf;F Nky;.
2. FLk;g mikg;G
   - m. jdpf; FLk;gk;
   - M. $l;Lf; FLk;gk;
   - ,. Jdpahh; epWtdj;jpy; Ntiy nra;gth;
3. FLk;gj;jpd; gzp epiy
   - m. ,y;yj;jpy; ,Ug;gh;
   - M. RaNtiy nra;gth;
   - ,. jdpahh; epWtdj;jpy; Ntiy nra;gth;
4. FLk;gj;jpd; khj tUkhdk;
   - m. &. 3000 f;Fs;
   - M. &. 3001-f;F Nky; ^. 4000 tiu
   - ,. &. 4001-f;F Nky; &. 5000 tiu
   - <. &. 5000-f;F Nky;
5. jhapd; fy;tp jFjp
   - m. Muk;gf; fy;tp
   - M. cah;epiyf;fy;tp
   - ,. gbj;J gl;lk; ngw;wth;
   - <. gbf;fhjth;
6. tPl;bd; mikg;G
   - m. Xiy tPL
   - M. XL tPL
   - ,. khb tPL
7. ePh; Mjhuk;
   - m. fpzw;W jz;zPh;
   - M. Foha; jz;zPh;
   - ,.mbgk;G
8. FLk;gj;jpy; cs;s Foe;ijfspd; vz;zpf;if
   - m. xd;W
   - M. ,uz;L
   - ,. %d;W
   - <. %d;Wf;F Nky;
9. ve;j Kiwapy; jplf;fopTfis mfw;WtPh;fs; ?
   - m. Fg;igfis nfhl;Lk; jdp ngl;b
   - M. Fg;igfis nfhl;Lk; Fop
   - ,. Fopj;Njhz;b Gijj;jy;
   - <.ntl;lntspapy; nfhl;Ljy;
10. kdpjf; fopTfis ntspNaw;w cdJ tPl;by; gad;gLj;Jk; Kiw
    - m. jpwe;j ntsp

M. Rfhjhu foptiw

Appendix - II

Neh;Kf fhzy; gbtk;

gFjp – M

1. Ngjp vd;gJ
   m. epiwa kyk; fopj;jy;
   M. jz;zPh; Nghd;W kyk; fopj;jy;
   ,. jz;zPh; Nghd;W %d;W Kiwf;F Nky; fopj;jy;
   <. ghy; mUe;jpaJk; kyk; fopj;jy;.
2. rhjhuzkhf Foe;ijfspd; kyk; ,Uf;Fk; jd;ik
   m. nkd;ikahf
   M. fbdkhf
   ,. rspNghd;W
   <. jz;zPh; Nghd;W
3. fPNo nfhLf;fg;gl;Ls;s ve;j fpUkpfshy; Ngjp Vw;gLfpwJ ?
   m. ghf;Bhpah
   M. itu];
   ,. ghuirl;
   <. Nkw;$wpa midj;Jk;
4. Ngjp mjpfkf ve;j ghy; mUe;Jk; Foe;ijf;f fhzg;gLfpwJ ?
   m. Gl;bg;ghy;
   M. cwpQ;Rk; Foy; cs;s lk;sh;
   ,. rpg;gh;
   <.ghyhil
5. Ngjp mjpfkhf ,sk; Foe;ijfis ghjpf;Fk; gUtk; vJ ?
   m. cl;fhu njhlq;Fk; NghJ
   M. elf;f Muk;gpf;Fk;NghJ
   ,.epw;Fk; NghJ
   <. jtOk; NghJ
6. Ngjp mjpfkhf ,sk; Foe;ijfis ghjpf;Fk; gUtk; vJ ?
   m. cl;fhu njhlq;Fk;NghJ
   M. elf;f Muk;gpf;Fk;NghJ
   ,. epw;Fk; NghJ
   <. jtOk; NghJ
7. fPNo nfhLf;fg;gl;Ls;s ve;j xU czT Ngjp cUthf fhuzkhf cs;sJ.
   m. ed;whf Ntfitj;j czT
   M. ed;whf Ntf itf;fg;glhj czT
   ,. Nkw;$hpa midj;Jk;
   <.Nkw;$wpa vitAk; ,y;iy.
8. Foe;ijfSf;F nfhLf;fg;gLk; ghyhdJ jahhpf;fg;gLk; Neuk;

m. miu kzpf;F Kd;
M. xU kzpf;F Kd;
,. ghy; nfhLf;Fk; Neuj;jpd; NghJ
<. ,uz;L kzpf;F Kd;

9. fpNo nfhLf;fg;gl;ljpy; vJ Ngjpf;Fhpa mwpFwp ,y;iy.
m.jz;zPh; Nghd;W kyk; fopj;jy;
M. the;jp tUtJ Nghy; ,Ug;gJ kw;Wk; the;jp tUtJ.
,.tapw;W typ
<. %r;R ,iwg;G

10. fPNo nfhLf;fg;gl;l mwpFwpfspy; vJ ePh;tw;wpajpw;fhd mwpFwp fpilahJ.
m. tYtpoe;j jir ,Oj;jd;ik
M. FoptpOe;j fz;fs;
,.twz;L Nghd ehf;F kw;Wk; tha;
<. ,Uky;

11. fPo; fz;ltw;wpy; ve;j xd;iw Ngjp Fzkhf;f nfhLf;fg;gl Ntz;Lk;.
m. fpUkpfis mopf;Fk; kUe;J nghUs;
M. cg;G rh;f;fiu fiury;
,. gor;rhW
<. Nkw;$wpa midj;Jk;.

12. X.Mh;.v];. jputk; fPo;fz;l ve;j Kiwapy; jahhpf;fg;gLfpwJ?
m. xU ghf;nfl; x.Mh;.v];. gTlh; xU ypl;lh; nfhjpf;f itj;J
Mw itj;j jz;zPhpy; fiug;gJ.

M. xU ghf;nfl; X.Mh;.v];. gTlh; ,uz;L ypl;lh; nfhjpf;f
itj;J Mw itj;j jz;zPhpy; fiug;gJ.

,. xU ghf;nfl; X.Mh;.v];. gTliu xU ypl;lh; Foha; jz;zPhpy;
fiug;gJ.
<. xU ghf;nfl; x.Mh;.v];. gTliu xU ypl;lh; #lhd ePhpy;
fiug;gJ

13. jahhpf;fg;gl;l X.Mh;.v];. fiury; vt;tsT Neuk; gad;gLj;j Ntz;Lk; ?
m. 24 kzp Neuj;jpw;Fs;
M. 48 kzp Neuj;jpw;Fs;
,. 72 kzp Neuj;jpw;Fs;
<. 72 kzp Neuj;jpw;Fs; Nkw;gl;L

14. jha;g;ghy; Fbf;Fk; Foe;ijf;F NgjpahFk; NghJ jha; jd; Foe;ijf;F jha;ghy; vg;NghJ
nfhLf;f Ntz;Lk; ?
m.vy;yh Neuq;fspYk;
M. VjhtJ xU Neuk;
,. vy;yh Neuq;fspYk; ju Ntz;baJ ,y;iy.
<.jha;g;ghy; nfhLg;gJ ey;yJ ,y;iy.

15. ePh;tw;Wjiy jtph;f;f fPNo nfhLf;fg;gl;Ls;sij nfhLg;gJ rhpnra;ayhk; xd;iw jtpu.
m. ,sePh;
M. gor;rhW

,. rhjk; tbj;j fQ;rp
<. ghy;

16. fPNo fz;ltw;wpy; vJ Ngjpahy; cldbahf ntspg;gLk; gf;f tpisT
m. ePh; twz;LNghjy;
M. Cl;lr;rj;J ,d;ik
,. tsh;r;rp jilgLjy;
<. Nkw;$hpa vitAk; ,y;iy

17. mbf;fb Ngjpahtjhy; Foe;ijfSf;F tUk; gf;f tpisTfs;
fPNo Fwpg;gplg;gl;Ls;sJ xd;iwj; jtpu
m. Cl;l rj;J FiwT
M. tapW tPf;fk;
,. vil FiwT
<. Nrhh;T

18. iffis Rj;jk; nra;tJ
m. czT mUe;Jtjw;F Kd;
M. kyk; fopg;gjw;F Kd;
,. Nkw;$wpa ,uz;Lk;
<. Nkw;$wpa ,uz;Lk; ,y;iy.

19. Foe;ijfSf;F Ngjpahtij jLf;f jha;jd; khh;gfq;fis
vg;nghOJ Rj;jk; nra;a Ntz;Lk;.
m. xt;nthU jilt ghY}l;Ljtjw;F Kd;ghf
M. ghY}l;ba gpd;G
,. ghY}l;Ltjw;F miukzp Neuj;jpw;F Kd;G
<. ehs; xd;Wf;f xU Kiw

20. Foe;ijf;F Kjy; 4 khjk; Ngjp tuhky; jLf;f cjTk; ghy;
m. gRk;ghy;
M. jha;ghy;
,. Ml;Lg;ghy;
<. vUikg;ghy;

21. kyk; fopj;jgpd; ed;F Rj;jg;gLj;Jtjd; %yk; Ez;fpUkpfs;
kyj;jpy; ,Ue;J vq;F guTtij jLf;fyhk;.
m. NjhYf;F
M. ,uj;jj;jpw;F
,. Nkd;ikahd jirf;F
<. tha;f;F

22. Foe;ijfSf;F gad;gLj;jg;gLk; jz;zPuhdJ.
m. nfhjpj;J Fsph;e;j ePh;
M. ntJntJg;ghd ePh;
,. Foha; jz;zPh;
<. Fsph;e;j ePh;

23. Foe;ijfSf;F nfhLf;Fk; czT tiffs; ed;F %b itj;J gad;gLj;Jtjhy; jtph;f;f $baJ ?

m. fPNo nfhl;Ltij
M. < nkha;g;gij
,. Foe;ijfs; jtwhf gad;gLj;Jtij
<. Fsph;r;rp miltij.

24. Foe;ijfSf;F gad;gLj;Jk; nghUl;fs; nfhjpf;f itf;fg;gLk; epkplk;.
m. ,uz;L epkplk;
M. %d;W epkplk;
,. ehd;F epkplk;
<. Ie;J epkplk;

25. Foe;ijfs; jtOk; gUtj;jpy; tPLk; mjd; Rw;Wg;GwKk; Rfhjhukhf itj;Jf; nfhs;tjhy; Foe;ijf;F
m. ey;y Rw;Wg;Gwr;#oy; fpilf;Fk;
M. cw;rhfj;ij mjpfhpf;Fk;
,. mOf;fhd nghUl;fis jtOtjw;F cjTk;.
<. Foe;ij vspjhf jtOtjw;F cjTk;.

26. Foe;ijfs; ghy; mUe;jpa Gl;bia fOtp Rj;jg;gLj;j gad;gLj;JtJ ?
m. Foha; jz;zPh;;
M. #lhd jz;zPh;
,. Fsph;e;j ePh;
<. Nrhg;G jz;zPh;

27. NgjpahFk;NghJ ve;j czTg; nghUl;fis jtph;f;f Ntz;Lk; ?
m. fhukhd czT tiffs;
M. khkpr czT
,. mjpf ehh;rj;J cs;s czT
<. Nkw;$wpa midj;Jk;.

28. ehd;F khj taJ cs;s Foe;ijf;F NgjpahFk;NghJ Kjy; 4 kzp Neuj;jpw;s; vt;tsT X.Mh;.v];. fiury; nfhLf;f Ntz;Lk;.
m. 50 kp.yp. – 100 kp.yp.
M. 150 kp.yp – 200 kp.yp.
,. 150 kp.yp. – 200 kp.yp.
<. 200 kp.yp. – 400 kp.yp.

29. 4-11 taJ cs;s Foe;ijf;F NgjpahFk; NghJ Kjy; 4 kzp Neuj;jpw;Fs; vt;tsT X.Mh;.v];. fiury; nfhLf;f Ntz;Lk;.

m. 50 kp.yp. – 100 kp.yp.
M. 100 kp.y. – 150 kp.yp.
,. 150 kp.yp. – 200 kp.yp
<. 200 kp.yp. – 400 kp.yp.

30. 1-2 taJ cs;s Foe;ijf;F NgjpahFk; NghJ Kjy; ehd;F kzp Neuj;jpw;Fs; vt;tsT X.Mh;.v];. fiury; nfhLf;fg;glNtz;Lk;.

m. 500 kp.yp. – 600 kp.yp.
M. 600 kp.y. – 700 kp.yp.
,. 700 kp.yp. – 800 kp.yp
<. 600 kp.yp. – 800 kp.yp.

31. 2-4 taJ cs;s Foe;ijf;F NgjpahFk; NghJ Kjy; 4 kzp Neuj;jpw;Fs; vt;tsT X.Mh;.v];. fiury; nfhLf;fg;gl Ntz;Lk;.

m. 600 kp.yp. – 700 kp.yp.
M. 700 kp.y. – 800 kp.yp.
,. 800 kp.yp. – 900 kp.yp
<. 800 kp.yp. – 1200 kp.yp.

32. 5-14 taJ tiu cs;sth;fSF;F NgjpahFk; NghJ Kjy; ehd;F kzp Neuj;jpw;Fs; vt;tsT X.Mh;.v];. fiury; nfhLf;fg;gl Ntz;Lk;

m. 800 kp.yp. – 900 kp.yp.
M. 900 kp.y. – 1000 kp.yp.
,. 1100 kp.yp. – 2000 kp.yp
<. 1200 kp.yp. – 2200 kp.yp.

33. NgjpahFk; NghJ ehd;F kzp Neuj;jpw;Fs; X.Mh;.v];. fiury; nfhLf;fg;gl Ntz;ba msT vilia gad;gLj;jp fPNo nfhLf;fg;gl;Ls;s ve;j #j;jpuj;ij gad;gLj;Jtha;.

m. Foe;ijapd; vil x 75
M. Foe;ijapd; vil x 25
,. Foe;ijapd; vil x 50
<. Foe;ijapd; vil x 15

34. fPo;fz;ltw;wpy; ve;j mwpFwp kpfTk; Nkhrkhd jir ,Otpiria Fwpf;fpwJ ?

m. jiria ,Oj;JtpLk;NghJ 2 tpdhbfSf;F gpwF jd; epiy ia miljy;.

M. jiria ,Oj;J tpLk;NghJ kpf tpiutpy; jd;epiyia miljy;.

,. jir ntJntJg;ghf ,Uf;fpwJ.

<. Nkw;$wpa vitAk; ,y;iy.

35. fPNo fz;l mwpFwpfspy; vJ kpfTk; mjpfkhd ePh; ,Og;ig Fwpf;fpwJ.

m. Foe;ij 6 kzp Neuj;jpw;F gpwFk; rpWePh; fopf;fhky; ,Ug;gJ.
M. Nrhh;thf ,Ug;gJ
,. tapW typ
<. the;jp vLj;jy;.

Appendix -III

ghlj;jpl;lk;

Ngjpia Fzg;gLj;JtJ gw;wpa Nghjid Kiwfs;

jiyg;G	:	Ngjpia Fzg;gLj;Jk; Kiw
FO	:	Ie;J tajpw;Fl;gl;l Foe;ijfspd; jha;khh;fs;
,lk;	:	flg;Nghp kJuhe;jfk; tl;lk; fhQ;rpGuk; khtl;lk;.
Nghjfh;	:	,uh. my;yp khztp nrtpypah; ,uz;lhk; Mz;L Mjpguhrf;jp nrtpypah; fy;Y}hp Nky;kUtj;J}h;
Neuk;	:	45epkplq;fs;
fw;gpf;Fk; Kiw	:	tphpTiu, FOtpthjk;
nray;tpsf;f nghUl;fs;	:	ifg;gpujpfs;, tiuglq;fs;
nghJNehf;fq;fs;	:	fy;tp gapw;rpapd; %yk; 5 tajpw;Fl;gl;l Foe;ijfspd; jha;khh;fSf;F Ngjpiag;gw;wpAk; kw;Wk; Ngjpia Fzg;gLj;Jk; Kiwfis gw;wpAk; kw;Wk; Ngjp tuhky; ghJfhf;Fk; Kiwiag;gw;wpa mwptpid ngwyhk;.

❖ rpwg;G Nehf;fq;fs; : Ngjpia tiuaWj;jy; :

- Ngjp tUtjw;fhd fhuzpfs; :
- Ngjp cUthFk; Kiwia tpthpj;jy;.
- Ngjpapdhy; cUthFk; mwpFwpfis tpsf;Fjy;.
- Ngjpia fz;lwpAk; Nrhjid Kiwfs;.
- Ngjpia Fzg;gLj;Jk; Kiwfisg;gw;wp tpsf;Fjy;.
- Ngjp tUtij jLf;Fk; Kiwfs;

Kd;Diu :

jha;khh;fSf;F tzf;fk; “

cyfj;jpy; xt;nthU tUlKk; 5 tajpw;Fl;gl;l Foe;ijfs; ,wg;gjw;F Kf;fpakhd fhuzk; Ngjp vd;w tpahjpahFk;. ,jw;F Kf;fpakhd fhuzk; jha;khh;fSf;F Ngjp tUtijg;gw;wpa mwpTk; mjid Fzg;gLj;Jk; Kiwfs; gw;wpAk; kw;Wk ;jLf;Fk; Kiwfs; gw;wpa mwpTk; kpfTk; Fiwthf fhzg;gLfpwJ. Mifahy; Ngjp kw;Wk; Ngjpia Fzg;gLj;Jk; topfs; gw;wpa tFg;Gfs; kpf Kf;fpa gq;fid tFf;fpd;wd.

t.vz;.	epkplk;	Jizf;Fwpf;NfhL	nghUslf;fk;	fw;gpg;gthpd; nray;	jha;khh;fspd; nray;
1	2	Ngjp vd;gij tiuaWjjy;	Ngjp vd;gJ %d;W (m) %d;Wf;F Nky; jz;zPuhf kyk; ntspahFjy;.	fw;gpj;jy;	ftdpj;jy;

2	2	Ngjp tUtjw;fhd fhuzq;fis tpsf;Fjy;	fhuzpfs; : itu]; - (v.fh.) Nuhl;lh itu]; vd;hpf; itu]; mbNdh itu]; ehh;Nth itu]; M];l;Nuh itu]; ghf;Bhpah – (v.fh) tpg;Nuh rhy;Nkhndy;yh Nfk;igNyh Ngf;lh; #NlhNkhd]; ghuirbf;]; - [pahbah yhk;gpah vz;lkpgh `p];Nlhiybfh fphpg;Nlh];Nghh;bak;. taJ – Ie;J taJf;F cl;gl;l Foe;ijfs; r%f – nghUshjhu epiy : nghUshjhu trjpapd;ik Cl;lrj;J FiwghL jd;Rj;jk; kdpjdpd; tho;f;if Kiw jz;zPh; kw;Wk; epyk; khRgLjy; fy;tpawptpd;ik tho;f;ifjuk;.	fw;gpj;jy;	ftdpj;jy;

t.vz;.	epkplk;	Jizf; Fwpf;NfhL	nghUslf;fk;	fw;gpg;gthpd; nray;	jha;khh;fspd; nray;
3	5	Neha; cUthFk; Kiwia tpthpj;jy;	Neha; cUthf;Fk; fhuzpfs; (ghf;Bhpah itu]; ghuir;) czT topahf rPuhz kz;lyjpw;Fs; nrd;W mq;F vz;Nlh lhf;]pd; vd;w er;R nghUs; %yk; mq;Fs;s jpRf;fis mopf;fpwJ.	fw;gpj;jy;	ftdpj;jy;

			Vz;Nlhlhf;]pd; vd;w er;R nghUs; tapw;wpy; cs;s nry;fis J}z;LfpwJ. Mifahy; tapw;wpy; mjpfkhf jz;zPh; kw;Wk; jhJ cg;Gf;fs; Ruf;fpwJ. ↓ FNshiuL kw;Wk; igfhh;gNdl; madpafs; mjpfkhf Rug;gjhy; mitfs; Nrhbak; madpad; kPz;Lk; clYf;Fs; cl;fhpg;gij jLf;fpwJ. ↓ Mifahy; ngUq;Flypy; mjpfkhf Nrhbak; kw;Wk; GNuhl;bd; czTg;nghUs;fs; jq;Ffpd;wd. ↓ ngUq;Flyhy; mjpfkhf cs;s GNuhl;Bd; kw;Wk; Nrhbak; cl;ffpufpf;g;gl Kbahky; Ngjpahf ntspg;gLfpwJ.		

			NkYk; rPuzkz;lyj;jpy; cs;s ghf;Bhpah itu]; ghuirl; Mfpait ngUq;Flypy; cs;s jpRf;fisAk; mopf;fpwJ. Mifahy; ,uj;jg;Nghf;Fk; Vw;gLfpwJ. ↓ ,Wjpahf rPuhzkz;lyj;jpd; nray;ghLfs; Fiwfpd;wd. Mifahy; rPuzkhFjy; kw;Wk; cl;ffpufpf;Fk; jd;ik ghjpf;fg;gLfpwJ.	fw;gpj;jy;	ftdpj;jy;

4	2	Ngjpapdhy; cUthFk; mwpFwpfis tpsf;Ff.	**mwpFwpfs; :** jz;zPh; Nghd;W %d;W Kiwf;F Nky; kyk; fopj;jy; fha;r;ry; tUjy; the;jp tUtjy; Nghd;w czh;T the;jp tUjy; tapw;W typ grpapd;ik Flypiwr;ry; mjpfkhf jz;zPh; jhfk; vLj;jy; NgjpahFk; NghJ kythapy; typgLj;jy; ePh;tw;wpNghjy; (mjpfkhd jz;zPh; ,og;G)	fw;gpj;jy;	ftdpj;jy;

ePh;tw;Wjiy tifg;gLj;Jy; kw;Wk; mstpLjy; :

	mwpFwpfs;	mwpFwpfs; fhzg;gltpy;iy	mwpFwpfs; kpf Fiwe;j epiyapy; fhzg;gLjy;	mwpFwpfs; kpfTk; mjpfkhf fhzg;gLfpwJ.
1.	1.nghJtd epiyfs;	RWRWg;ghf fhzg;gLjy;	mikjpapd;ik vhpr;ry;yhd kdepiy	Nrhh;thf ,Uj;jy; kaf;fepiyapy; ,Uj;jy;
	2. fz;fs;	epiyahd jd;ikapy; ,Uj;jy;	Fop tpOe;j fz;fs;	kpfTk; Fope;j fha;e;j epiyapy; ,Uj;jy;.
	3.fz;zph;	fz;zPh; ,Uj;jy;	fz;zPh; tuhky; ,Uj;jy;	fz;zPh tuhky; ,Uj;jy;
	4. tha; kw;Wk; ehf;fpd; epiy	<ug;gjk; fhzg;gLjy;	<ug;gjk; ,d;wp fhzg;gLjy;.	kpfTk; fha;e;J fhzg;gLjy;.
	5. jz;zPh; jhfk;	jhfk; mjpfkhf ,Uf;fhJ	jhfk; mjpfkhf	kpfTk; Fiwthf jz;zPh;

			fhzg;gLk;	mUe;Jjy; jz;zPh; kpfTk; Fiwthf mUe;Jk; epiy.
	6. Njhypd; jir ,oj;jd;ik	Njhypd; jir ,Oj;jd;ik ed;whf ,Uj;jy;	Njhypd; jir ,Oj;jd;ik Fiwthf ,Uj;jy;	Njhypd; ,Oj;jd;ik kpfTk; Fiwthf ,Uj;jy;.

	mwpFwpfs;	**mwpFwpfs; fhzg;gltpy;iy**	**mwpFwpfs; kpf Fiwe;j epiyapy; fhzg;gLjy;**	**mwpFwpfs; kpfTk; mjpfkhf fhzg;gLfpwJ.**
	8. ehb Jbg;G	130- 1406 Jbg;G/epkplk;	160-180 Jbg;G/epkplk;	Mjpfkhf fhzg;gLjy; 180 Jbg;G / epkplk;
	9. ntspahFk; rpWePhpd; msT	rhjhuzkhf ,Uf;Fk; khw;wk; VJk; ,y;iy.	kpfTk; Fiwthd msT rpWePh; fopj;jy;.	24 kzp Neuj;jpw;F Nky; rpWePh; fopf;fhky; ,Uj;jy;.
	10. Njhypd; ntg;gj;jd;ik	ntJntJg;Gld;	ntJntJg;Gld;	Fsph;e;J kw;Wk; Njhy; RUq;fp fhzg;gLjy;.
	11. jirapd; jd;ik	rhjhuzkf ,Uj;jy;	jirapd; jd;ik rhjhuzkhf ,Uj;jy;	jirapd; jd;ik ,oe;jpUj;jy;.
	12. ePh;tw;Wjypd; msit eph;zapj;jy;	ePh; tw;WjYf;fhd mwpFwp ,y;iy	,uz;L (m) %d;Wf;F Nkw;gl;l mwFwpfs; fhzg;gLfpwJ. Mifahy; ePh;tw;Wjy; fhzg;gLfpwJ.	,uz;L (m) %d;Wf;F Nkw;gl;l mwpFwpfs; ,Uj;jy;. Mjpfkhf ePh; ,Og;G fhzg;gLjy;.
	Fzg;gLj;Jtjw;fhd topKiwfs;	jpl;lk; - m	jpl;lk; - M	jpl;lk; -,

t.vz;.	epkplk;	Jizf; Fwpf;NfhL	nghUslf;fk;	fw;gpg;gthpd; nray;	jha;khh;fspd; nray;
5	2	Ngjp cUthFk; fhuzpfis ghpNrhjpf;Fk; Kiwg;gw;wp tpsf;Fjy;.	**ghpNrhjid Kiwfs; :** Nehapd; jd;ik gw;wp tpguk; Nrfhpj;jy; kyk; ghNrhjid ,uj;jg;ghpNrhjid ePh;tw;Wjypd; msit fz;lwpjy;. Ngjpf;fhd rprpr;ir Kiw kw;Wk; Neha; jLg;G Kiw :		
6	5	Ngjpia Fzg;gLj;Jk; Kiwfs;	**rpfpr;irf;fhd tiuaiwfs; :** Ngjpapd; jd;ikia fz;lwpjy; ePh;tw;wjypd; jd;ikia fz;lwpjy; jhJg;nghUl;fspd; msitAk; mkpy- fhuj;jd;ikia epiyg;gLj;jy;. Njtiahd msT Cl;lr;rj;J cs;s czT nghUs;fis nfhLf;fg;gl Ntz;Lk;. NgjpNahL cs;s kw;w gpur;rpidfis rhpnra;aTk;. eytho;T gw;wp fw;gpj;jy;. **rpfpr;ir ngw – m** (1) rfpr;ir Kiw – m – ePh;tw;Wjypw;fhd mwpFwpfs; ,y;yhj Foe;ijf;F nfhLf;fg;glNtz;Lk;.		

		FOe;ij vg;nghOJk; mUe;Jk; ePiutpl rw;W mjpfkhf ePh; Mfhuq;fs; nfhLf;fg;gl Ntz;Lk;. Mifahy; ePh;tw;Wjiy jLf;f KbAk;. 1. Njitahd msT ePh;rj;J nfhLf;fg;gl Ntz;Lk;. Foe;ijahy; Ngjp rhpahFk;tiu vt;tsT jz;zPh; vLj;Jf;nfhs;s KbANkh me;jsT nfhLf;f Ntz;Lk;. 2. Foe;ijf;F Njitahd msT czT nghUis nfhLf;f Ntz;Lk;. ,jd; %yk; Cl;lr;rj;J FiwT Vw;glhky; ghJfhf;fyhk;. 3. fPo;fz;l mwpFwpfs; fhzg;gl;lhy; Foe;ijia kUj;Jthplk; mioj;J nry;yNtz;Lk;. - %d;Wf;F Nkw;gl;L jz;zPH; Nghd;W kyk; fopj;jy;. - mbf;fb the;jp vLj;jy; - mjpfkhf jhfk; vLj;jy;. - kpfTk; Fiwthf czT mUe;Jjy;. - fha;r;ry; - kyj;jpd; ,uj;jk; ntspahFjy;. **rpfpr;ir Kiw – M :** kpjkhd ePh;tw;Wjy; cs;s Foe;ijf;F fPo;fz;l rpfpr;ir Kiwia gad;gLj;j Ntz;Lk;. x.mh;.v];. fiury; nfhLf;fg;gl Ntz;Lk;. jha;ghy; nfhLf;fg;gl;lhky; 6 khjj;jpw;F fPo; cs;s Foe;ijfSf;F 100 kp.yp ,Ue;J 200 kp.yp. msT Rj;jkhd jz;zPh; nfhLf;fg;glNtz;Lk;.		

		rpfpr;ir nfhLg;gjw;F Kd; tPl;bw;F nry;y tpUk;gpdhy; rpfpr;ir Kiw gw;wp tpsf;fk; mspf;fTk;.		

rpfpr;ir Kiw - ,

Foe;ijf;F kpf mjpfkhf NgjpahFk; NghJ kw;Wk; mjpfkhf ePh;tw;Wjy; ,Uf;Fk;NghJ fPo;fz;l rpfpr;ir Kiwia gad;gLj;j Ntz;Lk;.

Foe;ijapd; mk;khtplk; X.Mh;.v];. Fiuriy nfhLj;J 5 kpyp/ fpNyh-cly;vil msTf;F nfhLf;fg;gl Ntz;Lk;.

Foe;ijf;F fha;r;ry; Vw;gl;lhy; ghuhrpl;lkhy; khj;jpiu nfhLf;f Ntz;Lk;.

X.Mh;.v];. cs;s jhJ cg;Gf;fs; :

cs;slq;fpa nghUs;fs;	msT
igfhh;gNdl;	
Nrhbak; FNshiuL	3.5fpuhk;
Nrhbak; igfhh;gNdl;	2.5 fpuhk;
nghl;lhrpak; FNshiuL	1.5 fpuhk;
FSNfh];	20 fpuhk;
jz;zPh;	1 ypl;lh;

Nrhbak; rpl;Nul; :

cs;slq;fpa nghUs;fs;	**msT**

		Nrhbak; rpl;Nul; Nrhbak; FNshiuL l;iuNrhbak; rpl;Nul; nghl;lhrpak; FNshiuL FSNfh]; jz;zPh;	 3.5fpuhk; 2.9 fpuhk; 1.5 fpuhk; 20 fpuhk; 1 ypl;lh;		

NgjpahFk;NghJ Kjy; ehd;F kzp Neuj;jpw;Fs; Foe;ijf;F nfhLf;fg;gl Ntz;ba x.Mh;.v];. fiurypy; msT fPNo nfhLf;fg;gl;L cs;sJ.

taJ	X.Mh;.v];. Fiury; (kp.yp)
ehd;F khjj;jpw;F cl;gl;l Foe;ijf;F	

		<table><tr><td>nfhLf;fg;glNtz;ba msT</td><td>200-400 kp.yp</td></tr><tr><td>4-11 khjk;</td><td>400 kpyp – 600 kpyp</td></tr><tr><td>1-2 taJ</td><td>600 kpyp – 800 kpyp</td></tr><tr><td>2-4 taJ</td><td>800 kpyp – 1200 kpyp</td></tr><tr><td>5-14 taJ</td><td>1200 kpyp – 2200 kpyp</td></tr><tr><td>➢ 15 taJ</td><td>2200 kpyp – 4000 kpyp</td></tr></table> Foe;ijapd; viliag;nghUj;J nfhLf;fNtz;ba fiurypd; mstpid fzf;fpLtjw;fhd topKiwfs; : Foe;ijapd; vil x 75		

		eyf;fy;tp fw;gpj;jy; : Rw;Wr;#oy; Rfhjhuk; gw;wpAk; mjd; Kf;fpaj;Jtk; gw;wpAk; tpsf;Fjy;. jd;Rj;jk; gw;wp tpsf;fkspj;jy;. Rfhjhu foptiw gw;wpAk; mjd; Kf;fpaj;Jtk; gw;wpAk; mwpTWj;jy;.		

		Fg;igfs; kw;Wk; fopTfis ghJfhg;ghf ntspNaw;Wk; Kiw gw;wp tpsf;Fjy;. rhg;gpLtjw;F Kd; kw;Wk; kyk; fopj;jgpd;G if fOTtjd; mtrpak; gw;wp tpsf;fk; mspj;jy;.		

KbTiu :

cly; MNuhf;fpak; vd;gJ xt;nthUthpd; thof;ifapy; kpf Kf;fpajhFk;. mJNghy; Foe;ijfspd; MNuhf;fpak; kpfTk; Kf;fpakhdJ. vdNt jha;khh;fs; Foe;ijfspd; cly;eyj;ij gw;wp ghJfhf;Fk; Kiwg;gw;wp njhpe;jpUj;jy; mtrpak;. ,e;j tFg;gpd; %yk; jha;khh;fs; Ngjp tUtij Fzg;gLj;Jk; Kiw kw;Wk; jLf;Fk; Kiwiag;gw;wp mwpe;Jf;nfhz;ldh;.

Appendix - IV

ifg;gpujp

Ngjpia Fzg;gLj;Jk; KiwAk; jLf;Fk; KiwAk;

Ngjpiag;gw;wpa tpsf;fk; :

Ngjp vd;gJ %d;W (m) %d;Wf;F Nky; jz;zPuhf kyk; ntspahFjy;.

Ngjpia cUthFtjw;fhd fhuzpfs; :

itu]; - (v.fh.) Nuhl;lh itu]; vd;hpf; itu]; mbNdh itu]; ehh;Nth itu];
M];l;Nuh itu];
ghf;Bhpah – (v.fh) tpg;Nuh rhy;Nkhndy;yh Nfk;igNyh Ngf;lh;
#NlhNkhd];
ghuirbf;]; - [pahbah yhk;gpah
vz;lkpgh `p];Nlhiybfh fphpg;Nlh];Nghh;bak;.

Ngjp tUtij jLf;Fk; Kiwfs; :

ghJfhg;ghd jz;zPiu gad;gLj;jTk; (nfhjpf;f itf;fg;gl;l jz;zPh; FNshhpNerd;
nra;ag;gl;l jz;zPh;)
goq;fs; kw;Wk; fha;fwpfis cz;gjw;F Kd; Rj;jkhf fOTjy; Ntz;Lk;.
czT nghUl;fis <nkha;f;fhky; %b ghJfhg;ghf itf;fNtz;Lk;.
Gl;bg;ghy; nfhLg;gij jtph;f;f Ntz;Lk;.
czT mUe;Jtjw;F Kd;G iffis Nrhg;Gf;nfhz;L fOTjy; Ntz;Lk;.
kyk; fopj;j gpd;G iffis Nrhg;GNghl;L fOt Ntz;Lk;.
iffspy; cs;s efq;fis ntl;b xOq;FgLj;Jjy; Ntz;Lk;.
jd; Rj;jj;ij filgpbf;f Ntz;Lk;.
Rw;Wg;Gw #oiy Rfhjhukhf itj;Jf;nfhs;s Ntz;Lk;.
rpWePh; fopf;fTk;, kyk; fopf;fTk; fopg;giwia gad;gLj;jNtz;Lk;.

Ngjpia Fzg;gLj;Jk; Kiwfs; gw;wpAk; kw;Wk; jLf;Fk ;Kiwfs; gw;wpa eyf;fy;tp

ghJfhg;ghd jz;zPiu ngWk; Kiwfs;


குளோரின் மாத்திரை கலத்தல்


கொதிக்க வைத்தல்
மூடிய பாத்திரத்தில்
வைத்தல்

if efq;fis ntl;b Rj;jkhf itj;Jf;nfhs;Sjy;

czTg;nghUl;fis < kw;Wk; J}Rfspy; Ue;J ghJfhg;ghf itj;jy;

jplf;fopTfis %ba Fg;ignjhl;bapy; Nrfhpj;jy;.

THE SCHOLAR CONDUCTING PRE TEST FOR THE MOTHERS OF UNDER FIVE CHILDREN.

THE SCHOLAR EXPLAINING ABOUT MANAGEMENT OF DIARRHOEA AMONG THE MOHTERS OF UNDER FIVE CHILDREN WITH HELP OF FLASH CARD.

THE SCHOLAR EXPALAINING MODE OF TRANSMISSION OF DIARRHOEA WITH THE HELP OF CHART

THE SCHOLAR CONDUCTING POST TEST FOR THE MOTHERS OF UNDER FIVE CHILDREN.